CENTRAL PAYROLL BUREAU
POSC SECURITY FORM

THIS FORM IS TO BE USED TO SET UP AN EMPLOYEE WITH PAYROLL REPRESENTATIVE ACCESS TO THE PAYROLL ONLINE SERVICE CENTER. **ALL EMPLOYEES WITH ACCESS TO THE ONLINE ETR AND/OR ONLINE PTR ALREADY HAVE THIS ACCESS; PLEASE DO NOT SUBMIT FORMS FOR THOSE EMPLOYEES.**

AGENCY PAYROLL CODE _____ AGENCY NAME _____

USER ACF2 LOGON ID _____ USER NAME _____

USER SIGNATURE _____ PHONE NUMBER _____

E-MAIL ADDRESS _____

POSC ACCESS TO RG PAYROLL EMPLOYEES – This authorizes access to view information contained in the Payroll Online Service Center to information on Regular payroll system employees. It also allows the user to terminate employee "web only" access to the POSC. If access is needed for the whole agency, put a check mark on the line next to 'whole agency'. If access is limited to certain levels, please designate the levels to which access is authorized.

ACCESS PARAMETERS - WHOLE AGENCY _____ LEVELS _____

POSC ACCESS TO CT PAYROLL EMPLOYEES – This authorizes access to view information contained in the Payroll Online Service Center to information on Contractual payroll system employees. It also allows the user to terminate employee "web only" access to the POSC. If access is needed for the whole agency, put a check mark on the line next to 'whole agency'. If access is limited to certain levels, please designate the levels to which access is authorized.

ACCESS PARAMETERS - WHOLE AGENCY _____ LEVELS _____

I hereby give authority to this employee for the access listed above.

_____ _____
Appointing Authority Date Title

_____ _____
Name (Please Print) Phone Number

Forms should be sent to the following address:

Central Payroll Bureau
P. O. Box 2396
Annapolis, Md. 21404-2396
Attn: Karen Tobat
Questions: 410-260-7356

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CPB SECURITY OFFICER DATE