

**CENTRAL PAYROLL BUREAU
ONLINE ETR SECURITY FORM**

AGENCY PAYROLL CODE _____	AGENCY NAME _____
USER LOGON ID _____	USER NAME _____
USER SIGNATURE _____	PHONE NUMBER _____
E-MAIL ADDRESS _____	

TIMEKEEPER ACCESS – This authorizes entry of exception time data. 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 _____

APPROVER ACCESS – This authorizes approval of the payroll via the online ETR. For authority to approve the entire payroll (i.e. sign the ETR) put a check mark next to whole agency. To give limited authority to approve certain levels only, please designate all levels being authorized. (Every agency must have at least two people authorized to approve the whole agency.)

ACCESS PARAMETERS - WHOLE AGENCY _____ LEVELS _____

RMDS ACCESS – This will give authority to view and print the reports detailing the exception data reported by the agency. If authority is given to view the whole agency, put a check mark next to ‘whole agency’. To give limited authority to view certain levels only, please designate the levels to which access is limited.

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

PLEASE NOTE: YOU MUST NOTIFY CPB, BY MEMO, WHEN A TIMEKEEPER OR APPROVER LEAVES YOUR AGENCY SO THAT ACCESS TO THE ONLINE ETR FILE IS DELETED.

Note: The appropriate ACF forms must be forwarded with this document. This document is required each time an access changes. At least one week is needed to accommodate changes.

Forms should be sent to the following address:

Central Payroll Bureau
P. O. Box 2396
Annapolis, Md. 21404-2396
Attn: Karen Tobat
Questions: 410-260-7387

CPB SECURITY OFFICER	DATE
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**Comptroller of Maryland
Information Technology Division
ACF2 CICS File Access Form**

UID OR LOGONID _____ EFFECTIVE DATE _____

NAME _____ UNTIL DATE _____

TEXT _____

VERIFY

ACTION - ADD

CHANGE

DELETE

Mark One

Mark One

Mark One

Mark One

CICS FILE <u>DDNAME</u>	SOURCE	READ			ADD			UPDAT			DELET		
		A	L	P	A	L	P	A	L	P	A	L	P
ETRMAS		A	L	P	A	L	P	A	L	P	A	L	P
AUTHIST		A	L	P	A	L	P	A	L	P	A	L	P
PCTABLE		A	L	P	A	L	P	A	L	P	A	L	P
CHECK		A	L	P	A	L	P	A	L	P	A	L	P
CHECKALT		A	L	P	A	L	P	A	L	P	A	L	P
ACCESS		A	L	P	A	L	P	A	L	P	A	L	P
HRMSCTRL		A	L	P	A	L	P	A	L	P	A	L	P
ETRACC		A	L	P	A	L	P	A	L	P	A	L	P
		A	L	P	A	L	P	A	L	P	A	L	P
		A	L	P	A	L	P	A	L	P	A	L	P
		A	L	P	A	L	P	A	L	P	A	L	P
		A	L	P	A	L	P	A	L	P	A	L	P

COMMENTS:

SECURITY OFFICER RESPONSIBLE / DATE

SECURITY OFFICER REQUESTING / DATE

USER ACKNOWLEDGEMENT / DATE

DATA CENTER SECURITY OFFICER / DATE



**Comptroller of Maryland
Information Technology Division
ACF2 General Resource Rule Form**

UID OR LOGONID _____ EFFECTIVE DATE _____

NAME _____ UNTIL DATE _____

TYPE - (DSD)DISK VOLUME (CKC) CICS TRANSACTION/GROUP

(TAC) ACCOUNT NUMBER (CKT) TESTCICS TRANSACTION/GROUP

ACTION - ADD CHANGE DELETE

RESOURCE	SOURCE	Mark One			RESOURCE	SOURCE	Mark One		
		A L L O W	L O G	P R E V E N T			A L L O W	L O G	P R E V E N T
PETR		A	L	P	PCK2		A	L	P
PET1		A	L	P	PCK3		A	L	P
PET2		A	L	P			A	L	P
PET3		A	L	P			A	L	P
PET4		A	L	P			A	L	P
PET5		A	L	P			A	L	P
PET6		A	L	P			A	L	P
PET7		A	L	P			A	L	P
PET8		A	L	P			A	L	P
PPIQ		A	L	P			A	L	P
PCHK		A	L	P			A	L	P
PCK1		A	L	P			A	L	P

COMMENTS:

SECURITY OFFICER RESPONSIBLE / DATE

SECURITY OFFICER REQUESTING / DATE

USER ACKNOWLEDGEMENT / DATE

DATA CENTER SECURITY OFFICER / DATE