

**CENTRAL PAYROLL BUREAU  
ONLINE PTR 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 positive 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 PTR. For authority to approve the entire payroll (i.e. sign the PTR) 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 positive time 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
<b>PTRMAST</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>AUTHHISC</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>PCTABLE</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CHECK</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CHECKALT</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>ACCESS</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>HRMSCTRL</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>PTRACC</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
<b>PPTR</b>		<del>A</del>	L	P	<b>PCK2</b>		<del>A</del>	L	P
<b>PPT1</b>		<del>A</del>	L	P	<b>PCK3</b>		<del>A</del>	L	P
<b>PPT2</b>		<del>A</del>	L	P			A	L	P
<b>PPT3</b>		<del>A</del>	L	P			A	L	P
<b>PPT4</b>		<del>A</del>	L	P			A	L	P
<b>PPT5</b>		<del>A</del>	L	P			A	L	P
<b>PPT6</b>		<del>A</del>	L	P			A	L	P
<b>PPT7</b>		<del>A</del>	L	P			A	L	P
<b>PPT8</b>		<del>A</del>	L	P			A	L	P
<b>PPCQ</b>		<del>A</del>	L	P			A	L	P
<b>PCHK</b>		<del>A</del>	L	P			A	L	P
<b>PCK1</b>		<del>A</del>	L	P			A	L	P

COMMENTS:

\_\_\_\_\_  
SECURITY OFFICER RESPONSIBLE / DATE

\_\_\_\_\_  
SECURITY OFFICER REQUESTING / DATE

\_\_\_\_\_  
USER ACKNOWLEDGEMENT / DATE

\_\_\_\_\_  
DATA CENTER SECURITY OFFICER / DATE