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 <u>at least</u> 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 <u>MUST</u> 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   _____
Questions: 410-260-7387   **CPB SECURITY OFFICER   DATE**

Revised 04/01/2008

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 DDNAME	**SOURCE**	**READ**			**ADD**			**UPDAT**			**DELET**			
		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	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
ETRMAST		A̶	L	P	A	L	P̶	A̶	L	P	A	L	P̶
AUTHHIST		A̶	L	P	A	L	P̶	A	L	P̶	A	L	P̶
PCTABLE		A̶	L	P	A	L	P̶	A	L	P̶	A	L	P̶
CHECK		A̶	L	P	A	L	P̶	A	L	P̶	A	L	P̶
CHECKALT		A̶	L	P	A	L	P̶	A	L	P̶	A	L	P̶
ACCESS		A̶	L	P	A	L	P̶	A	L	P̶	A	L	P̶
HRMSCTRL		A̶	L	P	A	L	P̶	A	L	P̶	A	L	P̶
ETRACC		A̶	L	P	A	L	P̶	A	L	P̶	A	L	P̶
		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	ACCESS Mark One			RESOURCE	SOURCE	ACCESS Mark One		
		ALLOW	LOG	PREVENT			ALLOW	LOG	PREVENT
PETR		⊠	L	P	**PCK2**		⊠	L	P
PET1		⊠	L	P	**PCK3**		⊠	L	P
PET2		⊠	L	P			A	L	P
PET3		⊠	L	P			A	L	P
PET4		⊠	L	P			A	L	P
PET5		⊠	L	P			A	L	P
PET6		⊠	L	P			A	L	P
PET7		⊠	L	P			A	L	P
PET8		⊠	L	P			A	L	P
PPIQ		⊠	L	P			A	L	P
PCHK		⊠	L	P			A	L	P
PCK1		⊠	L	P			A	L	P

COMMENTS:

_____   _____
SECURITY OFFICER RESPONSIBLE / DATE   SECURITY OFFICER REQUESTING / DATE

_____   _____
USER ACKNOWLEDGEMENT / DATE   DATA CENTER SECURITY OFFICER / DATE