

Application and Authorization for OPSB System Access

Please complete this form to request access to one or more OPSB automated systems, to change authorization for a system(s), or to inactivate (i.e., cancel) authorization for a system(s). The approved user by signing this application, agrees to the following: 1. Use of your password in connection with any transaction or submission in a system constitutes your signature, with all the legal effect of any other signature by you, entering your password has the same effect as signing your name; 2. To keep the password that you are assigned confidential and secure at all times; and not to disclose your password to another person or to allow another person to use your password.

Submit authorized forms to OPSB.Security@Maryland.gov

USER INFORMATION:

First Name: _____ Last Name: _____ Signature: _____

Agency: _____ W# in SPS: _____ Email Address: _____

SPS Workday Security Roles Requested

Copy Security roles from PIN: _____

	Add?	Remove?	Training Completed	Supervisory Organization Assignment
Appointing Authority Partner			N/A	Assign access to FULL Agency? Agency Name _____ OR List specific sup org(s) to assign: <i>The following roles cannot be assigned together:</i> <ul style="list-style-type: none"> • Appointing Authority Partner and HR Coordinator • Payroll Partner and Timekeeper Approver **Security Role requires completion of both on-line and instructor led training
Agency Benefits Coordinator**				
Agency Benefit Liaison (view only)				
Budget and Finance Partner			N/A	
HR Coordinator (Initiator) **				
HR Coordinator-CPBI (Non SPMS Role)			N/A	
HR Liaison (view only)			N/A	
HR Partner**				
Matrix HR Liaison(Access to Agency Head, OAG staff) (view only)			N/A	
Matrix Benefit Liaison (Access to Agency Head) (view only)			N/A	
Payroll Liaison (view only)			N/A	
Payroll Partner				
Recruiter			N/A	
Retiree Partner			N/A	
Timekeeper				
Timekeeper Approver				
OTHER: Please list				

OTHER ROLES

Add	Remove	System	Agency or Code	Other
		HR Officers Website	N/A	Copy role from (name of staff) _____
		<i>Include Discrepancy Tab?</i>	N/A	
		Benefits Admin System (BAS)	Agency Code _____	Check Distribution Code: _____
		Pre-Offer Confirmation (POC)	N/A	Agency Contact Yes No
		JobAps	Agency or Unit _____	Indicate role or copy role from (indicate name of staff) _____

REQUESTING AGENCY AUTHORIZING OFFICIAL SIGNATURE: _____ DATE: _____

REQUESTING AGENCY AUTHORIZING OFFICIAL EMAIL: _____ PHONE: _____

SHARED SERVICES OPSB Authorization: _____ Date: _____ DBM SS Comments: _____	STATUS: Training Assigned Sent to DoIT Sent to Job Aps Completed/Closed
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