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	
Agency Benefits Coordinator**				**Assign access to FULL Agency?**
Agency Benefit Liaison (*view only*)				
Budget and Finance Partner			N/A	**Agency Name** _____
HR Coordinator (Initiator) **				OR
HR Coordinator-CPBI (Non SPMS Role)			N/A	**List specific sup org(s) to assign:**
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 toAgency Head) (*view only*)			N/A	
Payroll Liaison (*view only*)			N/A	
Payroll Partner				
Recruiter			N/A	*The following roles cannot be assigned together:*
Retiree Partner			N/A	• *Appointing Authority Partner and HR Coordinator*
Timekeeper				• *Payroll Partner and Timekeeper Approver*
Timekeeper Approver				
OTHER: Please list				****Security Role requires completion of both on-line _and_ instructor led training**

OTHER ROLES

Add	Remove	System	Agency or Code	Other
		HR Officers Website	N/A	Copy role from (name of staff) _____
		Include Discrepancy Tab?	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:** _____ **STATUS:**

DBM SS Comments: **Training Assigned**

                                                                                                                          Sent to DoIT

                                                                                                                          Sent to Job Aps

                                                                                                                          Completed/Closed