

**Application and Authorization for OPSB System Access - CPBI Agencies ONLY**

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	Agency Name/Supervisory Organization Assignment
Agency Benefits Coordinator				NOTE: Cannot assign Appointing Authority Partner and HR Coordinator-CPBI roles together
Appointing Authority Partner				
HR Coordinator-CPBI				
OneLogin Security Partner				
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

REQUESTING AGENCY AUTHORIZING OFFICIAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REQUESTING AGENCY AUTHORIZING OFFICIAL EMAIL: \_\_\_\_\_

SHARED SERVICES OPSB Authorization: _____ Date: _____ DBM SS Comments: _____	<b>STATUS:</b> Training Assigned Sent to DoIT Complete/CLOSED
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