

Application and Authorization for OPSB System Access – BENEFITS ONLY (NONSPMS) AGENCIES

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: _____

	Add?	Remove?	Training Completed	Agency Name/Supervisory Organization Assignment
Agency Benefits Coordinator**				
OneLogin Security Partner				
OTHER: Please list				

OTHER ROLES

Add	Remove	System	Agency or Code	Other
		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: _____ **PHONE:** _____

<p>SHARED SERVICES OPSB Authorization: _____ Date: _____</p> <p>DBM SS Comments:</p>	<p>STATUS:</p> <p>Training Assigned</p> <p>Sent to DoIT</p> <p>Completed/Closed</p>
---	--