

## Application and Authorization for OPSB System Access - SATELLITE 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 submitting and 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.

Email completed form to: [OPSB.Security@Maryland.gov](mailto:OPSB.Security@Maryland.gov)

**Check One:**    **NEW Account**

**INACTIVATE Account**

SYSTEM	SECURITY ROLES	SELECT ROLE(S)
WORKDAY Statewide Personnel System (2024 – present)	Agency Benefits Coordinator (processes/enters transactions)	
	Agency Benefits Liaison (VIEW ONLY)	
Benefits Admin System (2023 – prior)	BAS	

**NOTE:**

- Workday role Agency Benefits Coordinator requires completion of both online training and instructor led training before role will be assigned.
- Workday role Agency Benefits Liaison requires completion of online training before role will be assigned.

**USER INFORMATION:**

<b>First name:</b>				<b>Last Name:</b>				<b>Signature:</b>			
<b>Agency:</b>								<b>Agency Code (REQUIRED):</b>			
<b>Phone:</b>				<b>Workday ID (W#):</b>				<b>Email Address:</b>			
<b>Agency HR Director (Authorizing Official):</b>		<b>Name:</b>						<b>Signature:</b>		<b>Date:</b>	

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**FOR DBM SHARED SERVICES/DoIT USE ONLY:**

<b>OBSB Authorization:</b>		<b>Date:</b>	
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