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 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.

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E-mail completed and signed Form to: *Shared.Services@Maryland.gov*

Check One: **NEW** **CHANGE** **INACTIVATE**

Pin# of Previous Incumbent (if applicable):_____

Check to Requeste	System	Agency Name or Code(s) *	Role(s) Check or Complete	Comments/Other
	HR Officers' Website	N/A	Please specify exact role or indicate a name of the staff member to copy permission Role: _____	
	Benefits Admin System (BAS)	Agency Code:	Agency Benefit Coordinator	Check Distribution Code: _____
	Pre-Offer Confirmation (POC)	N/A	N/A	Agency Contact: ____Yes ____No
	JobAps	Name of Agency unit:	Please specify role or indicate a name of staff member to copy permission. ROLE:	
	Statewide Personnel System (SPS)	Exact Agency Name of Supervisory Organization: Assign to Subordinate Supervisory Organizations Keep Inheritance	***Check all that apply***	

Current		Proposed
	Appointing Authority Partner	
	Agency Benefits Coordinator	
	Budget and Finance Partner	
	Agency Benefit Liaison	
	Cabinet Secretary/Agency Head	
	CPB Reviewing Partner (Central Payroll Only)	
	* HR Coordinator (Initiator)	
	HR Coordinator-CPBI (Non SPMS Agency Role)	
	HR Liaison (view only)	
	* HR Partner	
	Matrix HR Liaison(Access to Agency Head, OAG staff)View only	
	Matrix Benefit Liaison (Access to Agency Head)	
	Payroll Liaison	
	Payroll Partner	
	Recruiter	
	Retiree Partner	
	Timekeeper	
	Timekeeper Approver	

*HRC and HRP require transactions training. (*Click here to view training details*)

Is the HRC/HRP assignment a new assignment? ☐ Yes ☐ No

USER INFORMATION:

First name: _____ Last name: _____ Signature: _____

Agency: _____

Agency Mailing Address:

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

AGENCY HR DIRECTOR (AUTHORIZING OFFICIAL: _____

Name Signature Date

LMS Administrator Signature: _____

OPSB Authorization: _____ Date: _____