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.

INACTIVATE

CHANGE

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

Check One:

NEW

Check to Requeste	System	Agency Name or Code(s) *	Role(s) Check or Complete Please specify exact role or indicate a name of the staff member to copy permission Role:			Comments/Other
•	HR Officers' Website	N/A				
	Benefits Admin System (BAS)	Agency Code:	Agency Benefit Coordinator N/A Please specify role or indicate a name of staff member to copy permission. ROLE:			Check Distribution Code:
	Pre-Offer Confirmation (POC	N/A			Agency Contact:YesNo	
	JobAps	Name of Agency unit:			ber to copy	У
	Statewide	Exact Agency Name of	Check of	all that apply		
	Personnel System (SPS)	Supervisory Organization:	Current		Proposed	
				Appointing Authority Partner		
				Agency Benefits Coordinator		
				Budget and Finance Partner		
				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		* HR Coordinator and
		Assign to Subordinate		Matrix HR Liaison(Access to		HR Partner must have
		Supervisory Organizations		Agency Head, OAG staff)View only		Transactions Training (<u>Click here to view</u> training details)
				Payroll Partner		
				Recruiter		
		Keep Inheritance		Retiree Partner Timekeeper		
				•		
				Timekeeper Approver		Ţ
s the I	HRC/HRP assignment a	a new assignment? Yes	N	0		
USEI	R INFORMATION:					
First	name:	Last name:		Signature:		
_	ncy:					
_	•					
Phor	ne:	W# in SPS:		Email Address:		
AGEN	CY HR DIRECTOR (AUTHO	ORIZING OFFICIAL:				
LMS Administrator Signature:				Signature 		Date
	Authorization:			Date:		