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.

Version 10.1-3/2/17

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

OPSB Authorization: __

heck (Pin#		CH/ ent (if applicable):	ANGE	INACTIVATE		
Check to Requeste	System	Agency Name or Code(s) *		Role(s) Check or Complete		Comments/Otl
	HR Officers' Website	N/A		specify exact role or indicate a name or to copy permission Role:	f the staff	
	Benefits Admin System (BAS)	Agency Code:	Age	ncy Benefit Coordinator		Check Distribution Code
	Pre-Offer Confirmation (POC)	N/A	N/A			Agency Contact:YesNo
	JobAps	Name of Agency unit:	<mark>Please spe</mark> nermissio ROLE:	ecify role or indicate a name of staff mem	ber to copy	
	Statewide	Statewide Exact Agency Name of		ill that apply		
		Supervisory Organization:	Current		Proposed	_
	(SPS)			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		*IIDC 1 IIDI
				Agency Role)		*HRC and HRF
				HR Liaison (view only)		require transactions
		Assign to Subordinate	•	* HR Partner		='
		Supervisory Organizations		Matrix HR Liaison(Access to Agency Head, OAG staff)View only		training. (Click here to view
				Payroll Liaison		-
				Payroll Partner		<u>training details</u>)
		Keep Inheritance	-	•		_
				Recruiter Retiree Partner		-
			-	Timekeeper		
				Timekeeper Approver		-
ا مال	IDC/IIDD a saismus and a		NI			
the i	HRC/HRP assignment a	new assignment? Yes	No)		
USEF	R INFORMATION:					
				Signature:		_
						A .l.l
Agency Phone: W# in SPS:			MailingEmail Address:			Addres
AGEN	CY HR DIRECTOR (AUTHORIZING OFFICIAL:				Date	
	dministrator Signature:	- Name				Date

Date: _