CENTRAL PAYROLL BUREAU
THE TOTALS REPORT
SECURITY FORM

AGENCY PAYROLL CODE ________________ AGENCY NAME _______________________________

USER ACF2 LOGON ID ________________ USER NAME ___________________________________

USER SIGNATURE ______________________ PHONE NUMBER ___________________________

E-MAIL ADDRESS _________________________________________________________________

RMDS ACCESS TO RG PAYROLL TOTALS REPORT – This authorizes access to view information contained in the Report Management and Distribution System for totals information for Regular payroll system employees. If access is needed for the whole agency, put a check mark on the line next to ‘whole agency’. If access is limited to certain levels, please designate the levels to which access is authorized.

ACCESS PARAMETERS - WHOLE AGENCY ______ LEVELS ___________________________

RMDS ACCESS TO CT PAYROLL TOTALS REPORT – This authorizes access to view information contained in the Report Management and Distribution System for totals information for Contract payroll system employees. If access is needed for the whole agency, put a check mark on the line next to ‘whole agency’. If access is limited to certain levels, please designate the levels to which access is authorized.

ACCESS PARAMETERS - WHOLE AGENCY ______ LEVELS ___________________________

I hereby give authority to this employee for the access listed above.

___________________________________________________                        _____________________________
Appointing Authority           Date    Title

___________________________________________________           ______________________________
Name  (Please Print)                      Phone Number

Forms should be sent to the following address:

Central Payroll Bureau
P. O. Box 2396
Annapolis, Md. 21404-2396
Attn: IT Manager
Questions: 410-260-7356

___________________________________________________                        _____________________________
CPB SECURITY OFFICER           DATE