CENTRAL PAYROLL BUREAU
CHECK REGISTER 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 CHECK REGISTER REPORT – This authorizes access to view
information contained in the Report Management and Distribution System for check register 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 CHECK REGISTER REPORT – This authorizes access to view
information contained in the Report Management and Distribution System for check register 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