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

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CPB SECURITY OFFICER **DATE**