

**MS-TAMS MAINE STATE TIME AND ATTENDANCE SYSTEM
SECURITY APPLICATION FORM FOR LINE AGENCIES**

DEPARTMENT:

DIVISION

USER NAME: DATE:

USERS JOB CATEGORY

(Check one)

- Administrative Director
- Personnel Manager
- Business Manager
- Financial Manager
- Clerical/Technical/Professional/Support

WITH FUNCTIONAL RESPONSIBILITY FOR:

(Check one)

- Payroll
- Personnel
- Personnel & Payroll

If other than above categories and functional responsibilities, please provide justification for access:

Processing Company Number(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Security Access Being Requested: Check mark all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Agency Employee Security | <input type="checkbox"/> Agency Group Administrator Security |
| <input type="checkbox"/> Agency Supervisor Security | <input type="checkbox"/> Agency Project Administrator Security |
| <input type="checkbox"/> Agency Payroll Security | <input type="checkbox"/> Reports |

IS THIS A NEW USER REPLACING A PREVIOUS POSITION INCUMBENT? Yes No

IF YES, PLEASE ENTER A NAME

CERTIFICATIONS AND AUTHORIZATIONS

I have reviewed this application for MS-TAMS Security access and hereby certify the above named user is authorized to receive the requested access for the completion of the responsibilities of his or her assigned position.

USER'S SIGNATURE: _____ DATE: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

AGENCY SECURITY
COORDINATOR'S SIGNATURE: _____ DATE: _____

OFFICE OF THE STATE
CONTROLLER'S SIGNATURE: _____ DATE: _____