# OFFICE OF THE COMPTROLLER

**MMARS SECURITY REQUEST FORM**

**Instructions**: For Departmental Internal Use Only, Do Not Submit to CTR Security Unit. All Security Requests Must be Processed Via the MMARS UDOC Transaction.

| Security Request Type | | |
|---|---|---|
| New   Change   Delete User | | |

| Department Name | Department Code <br> Three character MMARS code | UAID |
|---|---|---|
| | | |

| Last Name | First Name |
|---|---|
| | |

| Employee ID | Phone Number | Extension |
|---|---|---|
| | | |

| Locality | Email Address |
|---|---|
| | |

**Previous UAID**
Please supply this UAID If the user has transferred from another Department

## Authorized Signatory Designations

| Add   Delete | | Add   Delete | |
|---|---|---|---|
| | Accounts Payable | | Authorized Chargeback |
| | Accounts Receivable | | Fiscal – All Functions |
| | Budget | | Credit Cards |
| | Fixed Assets | | Interface |
| | Procurement | | LCM Adjustments |
| | Trust | | LCM Labor Default/Exceptions |
| | Vendor/Customer | | LCM Rules |
| | Payroll | | LCM – All Functions |

## MMARS Security Roles

| Add   Delete | | Add   Delete | |
|---|---|---|---|
| | All Scan Department | | All Scan Statewide |
| | Accounts Payable User | | Accounts Payable Administrator |
| | Accounts Receivable User | | Accounts Receivable Administrator |
| | Budget User | | Budget Administrator |
| | Fixed Assets User | | Fixed Assets Administrator |
| | Procurement User | | Procurement Administrator |
| | Trust User | | Trust Administrator |
| | Vendor/Customer User | | Vendor/Customer Administrator |
| | Authorized Chargeback Administrator | | Security Officer |

## MMARS LCM-Specific

| Add   Delete | | Add   Delete | |
|---|---|---|---|
| | Scan All - Includes Labor History | | Scan Limited - Does not include Labor History |
| | Adjustments User | | Adjustments Administrator |
| | Labor Default/Exceptions User | | Labor Default/Exceptions Administrator |
| | Rules User | | Rules Administrator |
| | LCM Administrator - All Functions | | |

| MMARS Interface Role <br> For Interface Department Only | Comments/Requests |
|---|---|
| Add   Delete <br>       Interface | |

I certify that the Department Head has personally approved any requests for Administrator roles and Department Head Signature Authorization designations. This approval is maintained as part of Department Internal Controls.

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