MFASIS HUMAN RESOURCE 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

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

WITH FUNCTIONAL RESPONSIBILITY FOR:
(Check one)

- ☐ Payroll
- ☐ Personnel
- ☐ Personnel & Payroll

MFASIS Security Access Being Requested:
Processing Company Number(s)

	Update	Inquiry
Payroll	☐	☐
Personnell	☐	☐
Personnel & Payroll	☐	☐

MainePERS Security Access Being Requested:
Processing Company Number(s)

Security for MainePERS is pre defined for all state agencies.

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 MFASIS Payroll/HR and/or MainePERS 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: _____