RESET

NCAS ACCOUNTS PAYABLE (AP) ADD/CHANGE CONTROLS FORM

OSC FORM SEC02 - AP

OPERATOR NAME: _____ OPERATOR ID #: _____

AGENCY: _____ AGENCY #: _____ REGION: _____

ADD: ☐ CHANGE: ☐

SELECTIVE SECURITY RESTRICTIONS

ACCOUNTS PAYABLE PAY ENTITY/BAP CONTROLS (ATTACH SPREADHSEET IF MORE CONTROLS ARE NEEDED)

LIST INDIVIDUAL PAY ENTITIES (EX: XXPT, XXPN)

_____, _____, _____, _____, _____, _____, _____, _____, _____

_____, _____, _____, _____, _____, _____, _____, _____, _____

AND/OR

LIST RANGE OF PAY ENTITIES (EX: XXAA – XX99)

FROM:_____ TO:_____ FROM:_____ TO:_____ FROM:_____ TO:_____

FROM:_____ TO:_____ FROM:_____ TO:_____ FROM:_____ TO:_____

PROVIDE BAP CODES IF OPERATOR WILL HAVE ACCESS TO THE FOLLOWING SCREENS:
BCC, BCCL, PRP, PYL, PMN, PCR, PCN, PES, IRL

LIST INDIVIDUAL BAP CODES (EX: XXD, XXN, XXC)

_____, _____, _____, _____, _____, _____, _____, _____, _____

AND/OR

LIST RANGE OF BAP CODES (EX: XXA – XX9)

FROM:_____ TO:_____ FROM:_____ TO:_____ FROM:_____ TO:_____

ADDITIONAL SCREEN ACCESS (LIST SCREEN ID): (Please provide controls associated with additional screens in the Selective Security Restrictions Section.)

DENIED SCREEN ACCESS (LIST SCREEN ID):

The security request above complies with my agency's internal controls (separation of duties) and policies to prevent security abuses. The operator above has also reviewed the NCAS Security Policy located on the OSC's Website.

REQUESTED BY: _____ SECURITY ADMINISTRATORS' PHONE #: _____
(Print Name of Agency Security Administrator)

_____ SECURITY ADMINISTRATORS' EMAIL: _____
(Agency Security Administrator's Signature) *(Date)*

IF YOU HAVE QUESTIONS ABOUT THIS FORM, CONTACT THE OSC SUPPORT SERVICES CENTER AT (919) 707-0795. REV.: 05/19

OSC USE ONLY NCAS: ☐ USRT: ☐

CHANGES TO SECURITY COMPLETED BY: _____ DATE:_____