

NCAS ACCOUNTS RECEIVABLE (AR) ADD/CHANGE CONTROLS FORM

OSC FORM SEC02 - AR

OPERATOR NAME: _____	OPERATOR ID #: _____	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
AGENCY: _____	AGENCY #: _____	REGION: _____
ADD: ____	CHANGE: ____	

SELECTIVE SECURITY RESTRICTIONS

ACCOUNTS RECEIVABLE **COMPANY/CREDIT ANALYST** CONTROLS

LIST INDIVIDUAL AR COMPANY CONTROLS (ATTACH SPREADSHEET IF MORE CONTROLS ARE NEEDED)

AND/OR

LIST RANGE OF AR COMPANY CONTROLS (ATTACH SPREADSHEET IF MORE RANGES ARE NEEDED)

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

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

LIST INDIVIDUAL CREDIT ANALYST CONTROLS (ATTACH SPREADSHEET IF MORE CONTROLS ARE NEEDED)

AND/OR

LIST RANGE OF CREDIT ANALYST CONTROLS (ATTACH SPREADSHEET IF MORE RANGES ARE NEEDED)

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)

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

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: _____