

NCAS BUDGETARY CONTROL (BC) ADD/CHANGE CONTROLS FORM

OSC FORM SEC02 - BC

OPERATOR NAME: _____	OPERATOR ID #:
AGENCY: _____	AGENCY #: _____ REGION: _____
ADD: ___ CHANGE: ___	

SELECTIVE SECURITY RESTRICTIONS

BUDGETARY CONTROL DOCUMENT END APPROVAL

Operator IDs listed below can END Documents for Operator ID listed at the top of the form:

_____ / _____ / _____ / _____ / _____

_____ / _____ / _____ / _____ / _____

Operator IDs listed below can NO LONGER END Documents for Operator ID listed at the top of the form:

_____ / _____ / _____ / _____ / _____

BUDGETARY CONTROL DOCUMENT END APPROVAL

Operator ID listed at the top of the form can END Documents for the following Operator ID's:

_____ / _____ / _____ / _____ / _____

_____ / _____ / _____ / _____ / _____

Operator ID listed at the top of the form can NO LONGER END Documents for the following Operator ID's:

_____ / _____ / _____ / _____ / _____

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

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DENIED SCREEN ACCESS (LIST SCREEN ID):

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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: <input type="checkbox"/> USRT: <input type="checkbox"/>
CHANGES TO SECURITY COMPLETED BY: _____ DATE: _____