NCAS GENERAL LEDGER (GL) ADD/CHANGE CONTROLS FORM

OSC FORM SEC02 - GL

OPERATOR NAME: _____   OPERATOR ID #: [   ]

AGENCY: _____   AGENCY #: _____   REGION: _____

ADD: ☐   CHANGE: ☐

SELECTIVE SECURITY RESTRICTIONS
(THE VALUES IN THE COMPANY FROM – TO FIELD SHOULD BE VAILD NCAS VALUES. FOR EXAMPLE: XX01 – XX07)

ACCESS Y/N	COMPANY FROM	TO	ACCOUNT FROM	TO	CENTER FROM	TO
____	____	____	_____	_____	_____	_____
____	____	____	_____	_____	_____	_____
____	____	____	_____	_____	_____	_____
____	____	____	_____	_____	_____	_____
____	____	____	_____	_____	_____	_____
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____	____	____	_____	_____	_____	_____
____	____	____	_____	_____	_____	_____
____	____	____	_____	_____	_____	_____
____	____	____	_____	_____	_____	_____
____	____	____	_____	_____	_____	_____
____	____	____	_____	_____	_____	_____
____	____	____	_____	_____	_____	_____
____	____	____	_____	_____	_____	_____
____	____	____	_____	_____	_____	_____
____	____	____	_____	_____	_____	_____
____	____	____	_____	_____	_____	_____
____	____	____	_____	_____	_____	_____
____	____	____	_____	_____	_____	_____
____	____	____	_____	_____	_____	_____

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:_____