NCAS SECURITY REQUEST FORM

OSC FORM SEC01

IF YOU HAVE QUESTIONS ABOUT THIS FORM, CONTACT THE OSC SUPPORT SERVICES CENTER AT (919) 707-0795. REV: 03/20

AGENCY REQUEST

AGENCY #: _____ DIV NAME: _____

REGION: _____

FOR SECURITY CONTROLS/MODIFICATIONS ATTACH A SEC02 FORM FOR EACH APPLICATION REQUESTED IF COPYING A STATEWIDE SECUIRTY PROFILE.

TYPE OF REQUEST: ☐

A = ADD OPERATOR   N = CHANGE NAME AND PASSWORD ONLY

D = DELETE OPERATOR & I.E. ACCESS   C = CHANGE OPERATOR

OPERATOR ID #: ☐   (Required) PERSONNEL#: ☐

OPERATOR NAME: _____

RACF ID: _____   RACF GROUP: _____

OPERATOR'S PHONE NUMBER: _____

OPERATOR'S EMAIL ADDRESS: _____

SELECT SYSTEMS TO BE ACCESSED

Application #	Name	Security Profile or Operator ID to copy	SEC02 Attached
03	GL	_____	☐
04	AR	_____	☐
06	AP	_____	☐
07	IN	_____	☐
08	FA	_____	☐
09	BC	_____	☐

Does operator have END approval? Y ☐ N ☐

49	PC	_____	☐
14	PS	_____	☐
21	FC	_____	☐
	I.E.	SEC04 Attached(Add/Chge/Delete)	☐

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: _____
(Print Name of Agency Security Administrator)

Security Administrator's Phone #: _____

Security Administrator's Email: _____

_____
(Agency Security Administrator's Signature)   (Date)

OSC USE ONLY

OPERATOR ID #: ☐
(PASSWORD MUST BE CHANGED BY THE OPERATOR DUING THE FIRST LOGON TO THE SYSTEM)

DCI Security Completed By: _____

IE Security Completed By: _____

Date: _____

SHAREPOINT ACCESS
(please provide phone # and email address on the left side of this form)

	ADD	DELETE
Submit NCOSC Substitute W-9	☐	☐

OSC USE ONLY

CHECK BOX FOR COMPLETION

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APPLICATION SECURITY COMPLETED BY:

☐

NCAS: ☐   HEAT: ☐   USRT: ☐

.RS: ☐   I.E.: ☐

DATE: _____