**CICS APPLICATION ACCESS**

**Maintenance Form**

COMPUTER APPLICATION NAME: Cash Management Reporting CICS02CM

**RETURN TO:** RACF Administration **PURPOSE:** To add or delete employee(s)

NC Dept. Public Instruction access to the Cash Management

Submit to: <https://ncgov.service-now.com/sp_dpi> Reporting CICS application.

**DUE DATE:** Four days prior to **QUESTIONS:** Cash Management Section

desired effective date. (984) 236-2355

As the designated APPLICATION SECURITY COORDINATOR for Cash Management Reporting application, I hereby request the following RACF IDs be added/deleted as indicated to give each person the proper functional privileges they need within this application:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ACTION**  **A, D** | **REGION** | **SECURITY**  **KEY** | **RACF**  **ID**  **(User ID)** | **OPERATORS NAME**  **FIRST MI LAST** | | |
|  | F | PEGF019 |  |  |  |  |
|  | F | PEGF019 |  |  |  |  |
|  | F | PEGF019 |  |  |  |  |
|  | F | PEGF019 |  |  |  |  |
|  | F | PEGF019 |  |  |  |  |
|  | F | PEGF019 |  |  |  |  |
|  | F | PEGF019 |  |  |  |  |
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|  | F | PEGF019 |  |  |  |  |
|  | F | PEGF019 |  |  |  |  |
|  | F | PEGF019 |  |  |  |  |

SITE SECURITY OFFICER SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEA / CHARTER NAME and NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| APPLICATION COORDINATOR SIGNATURE: DATE: |

See reverse side for instructions on how to complete this form.

CICS02CM

**NORTH CAROLINA DEPARTMENT OF PUBLIC INSTRUCTION**

**CICS ACCESS MAINTENANCE for the CASH MANAGEMENT REPORTING Application**

**INSTRUCTIONS**

**PRINT/TYPE:** Print or type all information on this document except signatures.

**ACTION:** Specify an A to ADD or a D to DELETE one or more RACF USER IDs.

**REGION:** Security column is already complete for you.

**SECURITY:** Security column is already complete for you.

**RACF USER ID:** Specify the RACF ID for each person. You can get this from each person on his/her division Site Security Officer.

**OPERATORs**

**NAME:**  Specify the full name of the person for whom you are taking action.

**SITE SECURITY**

**OFFICER:** Signature of the proper Site Security Officer.

**DATE:**  Date of signature.

**APPLICATION**

**SECURITY**

**COORDINATOR:** For State Office use only.