CICS APPLICATION ACCESS

Maintenance Form

COMPUTER APPLICATION NAME: Cash Management Reporting   CICS02CM

SEND TO: Cash Management Section
NC Dept. Public Instruction
6336 Mail Service Center
Raleigh, NC 27699-6336

PURPOSE: To add or delete employee(s) access to the Cash Management Reporting CICS application.

DUE DATE: Four days prior to desired effective date.

QUESTIONS: Cash Management Section (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				
	F	PEGF019				
	F	PEGF019				
	F	PEGF019				
	F	PEGF019				

SITE SECURITY OFFICER=S SIGNATURE: _____

LEA / CHARTER NAME and NUMBER _____   DATE:_____

APPLICATION COORDINATOR SIGNATURE: DATE:

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

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: Region 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 or his/her division Site Security Officer. If paperwork submitted for new RACF ID, leave blank.

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

**SITE SECURITY
OFFICER:**   Signature of the LEA, Charter School or Lab School Site Security Officer.

DATE: Date of signature.

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