USER ID:\_\_\_\_

ACTION REQUESTED:
□ESTABLISH ID
□CHANGE ACCESS

# STATE OF NEW JERSEY OFFICE OF MANAGEMENT & BUDGET

### NJCFS SECURITY PROFILE

ANY QUESTIONS? CALL: LYNN HUDZINA AT (609) 984-6401 FAX: (609) 292-4882

LICANC	EL ID								FAX: (009)	292-4002	
1) EMPLOYEE'S NAME:							USER ID:				
					S THIS USER'S			N FALL UND	ER. LIST O	NLY <u>ONE</u> .	
	SEE OF			URE FOR	MORE INFORM	AHC				<b>-</b>	
		AGENC	Y/DEPT	ШШ			ORGANIZ	ZATION	الالالا		
DIF		T CAPAB			NS THE USER IS REE FOR LIST O						
	,		ACCESS C	APABILI	TIES	1	AP	PROVAL C	APABILITI	ES	
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TRA 1)	INS	SCAN	DELETE	BOTH	OVERRIDE		LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	
2)											
3)											
4) 5)											
6)											
7)											
8) 9)											
7)						J					
4) /	THE E		IC CICN A TUD	EG ADE DI	EQUIDED TO CO	A ADI		NDM.			
	4) THE FOLLOWING SIGNATURES ARE REQUIRED TO COMPLETE THIS FORM:  I UNDERSTAND THAT ACCESS TO NJCFS REQUIRES THE USE OF USER IDS AND PASSWORDS THAT ARE										
	CONFIDENTIAL INFORMATION AND ARE NOT TO BE SHARED. I AM RESPONSIBLE FOR ANY TRANSACTIONS ASSOCIATED WITH MY USER ID.										
•	USER 1	NAME:			TITLE <u>:</u>				_DATE:		
;	SIGNATURE:			EMPLO	EMPLOYEE ID. NO: PHONE:						
	SIGNATURE:EMPLOYEE ID. NO:PHONE:I AUTHORIZE ACCESS TO NJCFS/MACS-E, IN ACCORDANCE WITH THE USER'S SECURITY PROFILE, FOR THE USER LISTED ABOVE.										
;	SUPERVISOR'S NAME:			TITLE							
	SIGNATUREPHONEI CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.										
					SIGNATURE:				DATE:		

USER ID:\_\_

ACTION REQUESTED: □ESTABLISH ID □CHANGE ACCESS □CANCEL ID

### STATE OF NEW JERSEY OFFICE OF MANAGEMENT & BUDGET

#### NJCFS SECURITY PROFILE

ANY QUESTIONS? CALL: LYNN HUDZINA AT (609) 984-6401 FAX: (609) 292-4882

	APPROVAL OFFICER NAME	SIGNATURE
	PROCUREMENT CIRCULARS.	
	WITH PROCEDURES AS STATED IN THE NJCFS	AND MACS-E MANUALS, CIRCULAR LETTERS AND
	I CERTIFY THAT THE TRANSACTIONS APPROV	ED BY THE ABOVE USER WILL BE IN ACCORDANCE
	OF THE DEPARTMENT.	
	SIGN BELOW AND THE ATTACHED SIGNATUR	E FORM LETTER MUST BE SIGNED BY THE HEAD.
5)	IF THE USER HAS LEVEL 3 OR GREATER APPR	OVAL, AN AUTHORIZED APPROVAL OFFICER MUST

6) DOES THE USER HAVE **DEPARTMENT-WIDE ACCESS**? □ YES □ NO IF NO, LIST ALL AGENCY/ORGANIZATION COMBINATIONS BY GROUP/TRANSACTION THAT THE USER WILL HAVE ACCESS TO:

GRP 1	GRP 2	GRP 3	GRP 4	GRP 5	GRP 6	GRP 7	GRP 8	GRP 9
AGY/ORG	AGY/ORG	AGY/ORG	AGY/ORG	AGY/ORG	AGY/ORG	AGY/ORG	AGY/ORG	AGY/ORG
1101/ORG	AG1/ORG	non/ord	non/one	1101/ORG	1101/ORG	1101/ORG	HG1/ORG	HGI/ORG
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NOTE: IF THE USER'S CAPABILITIES REQUIRE ACCESS TO MORE THAN ONE DEPARTMENT FOR THE SAME TRANSACTION, THE USER MUST SUBMIT A MEMO FROM EACH AGENCY OTHER THAN HIS OWN APPROVING THIS ACCESS.

USER ID:

ACTION REQUESTED:
□ESTABLISH ID
□CHANGE ACCESS
□CANCEL ID

# STATE OF NEW JERSEY OFFICE OF MANAGEMENT & BUDGET

NJCFS SECURITY PROFILE

ANY QUESTIONS? CALL: LYNN HUDZINA AT (609) 984-6401 FAX: (609) 292-4882

#### MOST COMMONLY USED SECURITY GROUPS

<u>GROUP</u>	TRANSACTION/TABLES	<b>FUNCTION</b>
AGYE	TABLES SPECIFIC TO AGENCY #	UPDATE
APTA	AL, AP, A1, GO, TA	DATA ENTRY
BDGT	AL, AP, EB, RB, TA, TB	DATA ENTRY
DBCO	DO	DATA ENTRY
EMTR	TC, TE, TH, TV	DATA ENTRY
ENCB	AO, GO, RA, RD	DATA ENTRY
EVAG	AGENCY TRAVEL EVENT TABLE #	DATA ENTRY
EXAC	AV, A1, EM, UA, U1	DATA ENTRY
FISC	EB, RA, TB	DATA ENTRY
FRPT	JV, J1	DATA ENTRY
GNAC	GENERAL ACCOUNTING TRANSACTIONS*	DATA ENTRY
GRMN	EM, FM, FX	DATA ENTRY
MACD	MACS-E ORDERS AND REQUISITIONS	DATA ENTRY
	ONLY	
MACP	MACS-E PAYMENTS ONLY	DATA ENTRY
NOV1	CR, U1	DATA ENTRY
PRMN	PJ, PK, PX	DATA ENTRY
RVAC	CR, C1, IN, QR, Q1, RB, RM	DATA ENTRY
SCON	TABLES SPECIFIC TO AGENCY #	SCAN ONLY
TRAN	AL, AP, TA, TE, TH	DATA ENTRY

<sup>\*</sup>GNAC includes all of the above except AGYE, DBCO, EVAG, FRPT, MACD, MACP and SCON # No approvals are required for security groups which grant access to tables only.

USER ID:

### **STATE OF NEW JERSEY** OFFICE OF MANAGEMENT AND BUDGET

ANY QUESTIONS?

ACTION REQUESTED ☐ ESTABLISH ID

CALL: LYNN HUDZINA

_	HANGE ACCESS ANCEL ID	SECURITY PROFILE FOR NJCFS ACCESS TO MACS-E	AT (609)-984-6401 FAX: (609) 292-4882
1)	EMPLOYEE'S NAME:	USER ID	
2)		IZATION DOES THIS USER'S APPROPRIATION FALL UNDER? LISTURE FOR MORE INFORMATION.	T ONLY <u>ONE</u> . SEE
	AGENCY/DEPT:	ORGANIZATION:	
3)		E MACS-E CAPABILITIES. PLEASE INDICATE WHICH CAPABILITIE PRIATE ITEM BOX. THE CAPABILITIES SHOULD APPLY TO GROUMACS-E FUNCTIONS  INQUIRY ONLY  KEYING REQUISITIONS BUT NOT PROCESSING TO NJCFS  KEYING PURCHASE ORDERS BUT NOT PROCESSING TO NICES  KEYING PAYMENTS BUT NOT PROCESSING TO NJCFS  PROCESSING REQUISITIONS TO NJCFS (STATUS 150/135)  PROCESSING PURCHASE ORDERS TO NJCFS (STATUS 438)  PROCESSING PAYMENTS TO NJCFS (STATUS 635)	JP
4)	IF NOT, LIST BELOW AL MACS-E. PLEASE INCL  AGENCY  ORGN	DEPARTMENT-WIDE ACCESS?	L HAVE ACCESS TO IN  AGENCY  ORGN
	1.		
	2.		
	3. 4.	<del></del>	
	5.		
5)	THE FOLLOWING SIGNA	ATURES ARE REQUIRED TO COMPLETE THIS FORM:	
-,		TITLE:	DATE:
		EMPLOYEE ID. NO.:	
	I AUTHORIZE THE USEF PROFILE.	R LISTED ABOVE ACCESS TO MACS-E, IN ACCORDANCE WITH TH	IE USER'S SECURITY
	SUPERVISOR NAME:	TITLE:	DATE:
	SIGNATURE:	PHONE:	
	I CERTIFY THAT THE A	BOVE INFORMATION IS CORRECT.	
	ISR NAME:	SIGNATURE:	DATE:

## State of New Jersey Office of Management and Budget

### **Authorized Signature Letter**

то:	Charlene M. Holzbaur, Director Office of Management and Budget				
FROM:  NAME OF DEPARTMENT HEAD  TITLE  DEPARTMENT  APPROPRIATION-LEVEL ORGANIZATION					
SUBJECT:	SIGNATURE RECORDS				
authorized to	apply final approval for the g	52:27B-37, the following individual is roups/transactions that are listed on the d/interface transactions listed below.			
NAME:	TITLE:_				
USER IDEN	TIFICATION NUMBER:				
	Siş	gnature of Department Head			
If the user has fin	al approval on any transaction interfaces or up	ploads, please fill out the information below. List all			
transaction codes	in the column on the left and their correspond	ling organization codes in the column on the right.			
_	H UPLOAD/INTERFACE ANSACTION CODES	BATCH UPLOAD/INTERFACE ORGANIZATION CODES			

PLEASE TYPE OR PRINT ALL INFORMATION