USER ID:_____	STATE OF NEW JERSEY OFFICE OF MANAGEMENT & BUDGET	ANY QUESTIONS?
ACTION REQUESTED: ☐ESTABLISH ID ☐CHANGE ACCESS ☐CANCEL ID	**NJCFS SECURITY PROFILE**	CALL: KEN WARNER AT (609) 984-5818 FAX: (609) 984-5210

1) **EMPLOYEE'S NAME:**_____ **USER ID:**_____

2) WHAT AGENCY/ORGANIZATION DOES THIS USER 'S APPROPRIATION FALL UNDER. LIST ONLY **ONE**. SEE ORGANIZATION STRUCTURE FOR MORE INFORMATION.

AGENCY/DEPT ☐☐☐ **ORGANIZATION** ☐☐☐☐

3) LIST THE GROUPS AND/OR TRANSACTIONS THE USER IS RESPONSIBLE FOR AND INDICATE BY AN "X" THE DIFFERENT CAPABILITIES. SEE PAGE THREE FOR LIST OF MOST COMMON GROUPS. IF USER IS IN A MODEL: **MODEL ID**_____

	ACCESS CAPABILITIES				APPROVAL CAPABILITIES			
GROUP/ TRANS	SCAN	ENT/CHG DELETE	BOTH	OVERRIDE	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
1)								
2)								
3)								
4)								
5)								
6)								
7)								
8)								
9)								

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 NAME:_____**TITLE:**_____**DATE:**_____

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:**_____**DATE:**_____

SIGNATURE_____**PHONE**_____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

ISR NAME:_____**SIGNATURE:**_____**DATE:**_____

REVISED 11/15/2010

USER ID:_____	STATE OF NEW JERSEY OFFICE OF MANAGEMENT & BUDGET	ANY QUESTIONS?
ACTION REQUESTED: ☐ESTABLISH ID ☐CHANGE ACCESS ☐CANCEL ID	NJCFS SECURITY PROFILE	CALL: KEN WARNER AT (609) 984-5818 FAX: (609) 984-5210

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

APPROVAL OFFICER NAME_____**SIGNATURE**_____

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
___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____
___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____
___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____
___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____
___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____
___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____
___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____
___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____
___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____
___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____
___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____
___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____
___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____
___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____
___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____	___/_____

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.

REVISED 11/15/2010

USER ID:_____	**STATE OF NEW JERSEY**	ANY QUESTIONS?
ACTION REQUESTED:	**OFFICE OF MANAGEMENT & BUDGET**	CALL:
☐ESTABLISH ID		KEN WARNER
☐CHANGE ACCESS	**NJCFS SECURITY PROFILE**	AT (609) 984-5818
☐CANCEL ID		FAX: (609) 984-5210

MOST COMMONLY USED SECURITY GROUPS

GROUP	TRANSACTION/TABLES	FUNCTION
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 ONLY	DATA ENTRY
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

***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: _____

ACTION REQUESTED
☐ESTABLISH ID
☐CHANGE ACCESS
☐CANCEL ID

STATE OF NEW JERSEY
OFFICE OF MANAGEMENT AND BUDGET

SECURITY PROFILE FOR NJCFS ACCESS TO MACS-E

ANY QUESTIONS?
CALL:
KEN WARNER
AT (609)-984-5818
FAX: (609) 984-5210

1) EMPLOYEE'S NAME: _____ USER ID _____

2) WHAT AGENCY/ORGANIZATION DOES THIS USER'S APPROPRIATION FALL UNDER? LIST ONLY **ONE**. SEE ORGANIZATION STRUCTURE FOR MORE INFORMATION.

AGENCY/DEPT: ____ **ORGANIZATION:** _____

3) LISTED BELOW ARE THE MACS-E CAPABILITIES. PLEASE INDICATE WHICH CAPABILITIES THE USER WILL HAVE BY CHECKING THE APPROPRIATE ITEM BOX. THE CAPABILITIES SHOULD APPLY TO GROUP _____

MACS-E FUNCTIONS

☐INQUIRY ONLY
☐KEYING REQUISITIONS BUT NOT PROCESSING TO NJCFS
☐KEYING PURCHASE ORDERS BUT NOT PROCESSING TO NJCFS
☐PROCESSING INVOICES
☐KEYING PAYMENTS BUT NOT PROCESSING TO NJCFS
☐PROCESSING REQUISITIONS TO NJCFS (STATUS 150/135)
☐PROCESSING PURCHASE ORDERS TO NJCFS (STATUS 435)
☐PROCESSING PAYMENTS TO NJCFS (STATUS 635)

4) DOES THE USER HAVE DEPARTMENT-WIDE ACCESS? ☐YES ☐NO
IF NOT, LIST BELOW ALL AGENCY/ORGANIZATION COMBINATIONS THAT THE USER WILL HAVE ACCESS TO IN MACS-E. PLEASE INCLUDE ALL LOWER LEVEL ORGANIZATION NUMBERS.

	AGENCY	AGENCY	AGENCY	AGENCY
	ORGN	ORGN	ORGN	ORGN
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

5) THE FOLLOWING SIGNATURES ARE REQUIRED TO COMPLETE THIS FORM:

USER NAME: _____ TITLE: _____ DATE:_____

SIGNATURE: _____ EMPLOYEE ID. NO.: _____ PHONE: _____

I AUTHORIZE THE USER LISTED ABOVE ACCESS TO MACS-E, IN ACCORDANCE WITH THE USER'S SECURITY PROFILE.

SUPERVISOR NAME: _____ TITLE: _____ DATE:_____

SIGNATURE: _____ PHONE: _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

ISR NAME: _____ SIGNATURE: _____ DATE: _____

DO NOT WRITE IN THIS BLOCK
USER ID:_____

State of New Jersey
Office of Management and Budget

Authorized Signature Letter

TO: David Ridolfino, Director
Office of Management and Budget

FROM: _____NAME OF DEPARTMENT HEAD
_____TITLE
_____DEPARTMENT
_____APPROPRIATION-LEVEL ORGANIZATION

SUBJECT: SIGNATURE RECORDS

In accordance with the provisions of NJSA 52:27B-37, the following individual is authorized to apply final approval for th e groups/transactions that are listed on the security profile form and/or for the batch upload/interface transactions listed below.

NAME:_____**TITLE:**_____

USER IDENTIFICATION NUMBER:_____

_____
Signature of Department Head

If the user has final approval on any transaction interfaces or uploads, please fill out the information below. List all transaction codes in the column on the left and their corresponding organization codes in the column on the right.

BATCH UPLOAD/INTERFACE TRANSACTION CODES	BATCH UPLOAD/INTERFACE ORGANIZATION CODES

PLEASE TYPE OR PRINT ALL INFORMATION

REVISED 11/15/2010