

**Mississippi Management and Reporting System
Statewide Payroll and Human Resource System**

Confidential

Please Print or Type

<p>Type of Request (select one)</p> <p><input type="checkbox"/> Add New User _____</p> <p><input type="checkbox"/> Add 2nd ID for Existing User _____</p> <p><input type="checkbox"/> Update Profile – ID _____</p> <p><input type="checkbox"/> Delete User - ID _____</p> <p>Effective Date: ____/____/____</p> <p>*****</p> <p>Check environment(s): <input type="checkbox"/> Training <input type="checkbox"/> Production</p> <p>*****</p> <p>SPAHRS Agency Number: _____</p> <p>Agency Identification Code: _____</p>	<p>User Information</p> <p>User Name: _____</p> <p>E-Mail Address: _____</p> <p>PID: _____</p> <p>Phone: _____ ** CCB Analyst: Y N</p> <p>Fax: _____</p> <p>Agency Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>HANDMAIL: Y N</p>																
<p>Enter the appropriate SPAHRS Security Group Code:</p> <p>_____</p>	<p>Does this user perform approvals? Y N</p> <p>If yes, the appropriate approval forms must be attached.</p>																
<p>Check only one of the following security levels:</p> <table border="0"> <thead> <tr> <th style="text-align: left;">Level</th> <th style="text-align: left;">Description</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1</td> <td>Agency Only</td> </tr> <tr> <td><input type="checkbox"/> 2</td> <td>Agency and any sub-agencies within Master Agency</td> </tr> <tr> <td><input type="checkbox"/> 3</td> <td>Any SPB processed agency except SPB</td> </tr> <tr> <td><input type="checkbox"/> 4</td> <td>Any SPB processed agency including SPB</td> </tr> <tr> <td><input type="checkbox"/> 5</td> <td>All agencies</td> </tr> <tr> <td><input type="checkbox"/> 6A</td> <td>Specified sub-agencies (26 or less; do not have to be in the same Master Agency. Enter list on back of form.)</td> </tr> <tr> <td><input type="checkbox"/> 6B</td> <td>All agencies EXCEPT specified sub-agencies (26 or less; do not have to be in the same Master Agency. Enter list on back of form.)</td> </tr> </tbody> </table>	Level	Description	<input type="checkbox"/> 1	Agency Only	<input type="checkbox"/> 2	Agency and any sub-agencies within Master Agency	<input type="checkbox"/> 3	Any SPB processed agency except SPB	<input type="checkbox"/> 4	Any SPB processed agency including SPB	<input type="checkbox"/> 5	All agencies	<input type="checkbox"/> 6A	Specified sub-agencies (26 or less; do not have to be in the same Master Agency. Enter list on back of form.)	<input type="checkbox"/> 6B	All agencies EXCEPT specified sub-agencies (26 or less; do not have to be in the same Master Agency. Enter list on back of form.)	<p>Check one or more of the appropriate Notes and Comments Security Groups:</p> <p><input type="checkbox"/> AGENCY1 - All Agency Staff</p> <p><input type="checkbox"/> AGENCY2 - Agency Management Lower Level; Division</p> <p><input type="checkbox"/> AGENCY3 - Agency Management Upper Level; Bureau/Executive</p> <p><input type="checkbox"/> COE - Certificate of Eligibles (SPB Staff Only)</p> <p><input type="checkbox"/> GENERAL - General Level for All to View (SPB and Agencies)</p> <p><input type="checkbox"/> RECOMM - Special Category for Class Comp Analyst's Recommendations</p> <p><input type="checkbox"/> SPB1 - All SPB Can View</p> <p><input type="checkbox"/> SPB2 - Class COMP and SPB Management</p> <p><input type="checkbox"/> SPP3 - SPB Management Only</p>
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** For SPB Use Only

Security Level 6A or 6B Sub-Agency Codes:

Printer Information:

CICS Printer ID: _____ Desc/location: _____

Remote Printer ID: _____ Form: _____ Sysout Class: _____ Desc/location: _____

VPS Printer ID: _____ Form: _____ Sysout Class: _____ Desc/location: _____

Authorized SPAHRS Security Contact		
Requested by:	Date:	Phone:

For MMRS Internal Use Only	
Approved By:	Date:
SPAHRS Security Administrator:	Date: