SECURITY REQUEST FORM
CPPS HR Data Warehouse
PLEASE PRINT

Please send completed & signed forms

Email: state_centralpayroll@state.co.us

Fax: 303-866-4138

Employee Information

EMPLOYEE NAME _____ ORG ID (IE: AAA) _____

POSITION / TITLE _____ TOP SECRET ID (REQUIRED) _____

E-MAIL ADDRESS _____ SPECIAL OPERATOR ID (OPTIONAL) _____

EMPLOYEE WORK PHONE _____ Employee ID _____

CPPS / LDC *(Please mark one)*

☐ ACCOUNTING/BUDGET ☐ BENEFITS ☐ PAYROLL ☐ PERSONNEL

☐ ACCOUNTING/BUDGET/LDC ☐ PAYROLL/LDC ☐ PERSONNEL/LDC

☐ BENEFITS & PAYROLL ☐ BENEFITS & PERSONNEL ☐ **BENEFITS, PAYROLL & PERSONNEL***

☐ BENEFITS & PAYROLL/LDC ☐ BENEFITS & PERSONNEL/LDC ☐ **BENEFITS, PAYROLL, PERSONNEL & LDC***

Requests for all three functions require a written exception to accompany the Security Access Form.
ANY EXCEPTIONS ARE APPROVED AND GRANTED BY THE STATE CONTROLLER.

Please check one of the following:

☐ UPDATE *(includes inquiry)* ☐ INQUIRY ONLY ☐ REVOKE ACCESS

Access Org(s) _____ Copy User Access _____
List Multiple if needed Name CPPS User ID

Human Resources Data Warehouse

☐ STANDARD ACCESS/REPORTS ☐ CUSTOM EXTRACTS ☐ REVOKE ACCESS

Electronic Data Warehouse

☐ STANDARD ACCESS ☐ REVOKE ACCESS

Signature Approvals (*Please be aware that having LDC access will allow you to see all salary data, by approving with your signature you acknowledge your approval.)*

Employee's Supervisor *(Required)*	*(Printed Name)*	Date	Work Phone
Department Controller *(Required)*	*(Printed Name)*	Date	Work Phone
Department Human Resources Director *(Required)*	*(Printed Name)*	Date	Work Phone
State Controller (Required for security profiles not within security guidelines)	*(Printed Name)*	Date	Work Phone

Central Payroll Office Use Only

Operator ID	Query ID
Initial Password	Multiple ORG's
Training ☐ Yes ☐ No	Home ORG
Previous Access	Exception ☐ Yes ☐ No
Date Entered in CPPS/Initials _____	Update/Delete ☐ Yes ☐ No
	HRDW Request Sent