



Security Locality Access Form

Security Action Requested

Add/Update Core User Access
(Complete all applicable fields and roles)

Remove/Lock Out Core User Access
(Complete User Information section only)

User Information

Name - Last, First, Middle Initial Name Change

Business Email Address - @agency.virginia.gov

Business Unit:

Department ID:

Employee ID:

Cardinal User ID:

Is the User a contract worker? If so, check box and provide User's Supervisor Name and Employee ID:

Supervisor Name:

Supervisor Cardinal
Employee ID:

HCM - Benefits and Human Resources

HCM Benefit Roles (check all roles requested)

Benefits Administrator

HBO Benefits Support

TLC Datasheet Benefits Admin

TLC Datasheet Benefits Read Only

HCM Human Resources Roles (check all roles requested)

HR Administrator

HBO HR Administrator

HR Read Only

Access Approvals

By signing below, I acknowledge that I understand transactions added/updated in the Cardinal system should be in accordance with the Commonwealth Accounting Policy and Procedures Manual Cardinal Topics 20310 and Cardinal Topic 70220.

By signing below, I certify that the Cardinal access requested for this user is necessary to perform his/her current job responsibilities. I also acknowledge this request is in accordance with the Commonwealth Accounting Policies and Procedures Manual Cardinal Topics 20310 and 70220.

User Printed Name

Date

Supervisor Printed Name

Date

User Signature (sign above)

Supervisor Signature (sign above)

I have reviewed this request for access and certify it is in accordance with the Commonwealth Accounting Policies and Procedures Manual Cardinal Topic 20310, Cardinal Topic 70220, and the Cardinal Security Handbook.

DHRM OHB Approver Printed Name

Date

Cardinal Security Officer Printed Name

Date

DHRM OHB Approver Signature (sign above)

Cardinal Security Officer Signature (sign above)

Comments/Notes

Blank area for comments and notes.