Security Locality Access Form

Cardinal

Please reference the "Cardinal Locality Security Handbook" and the "Instructions for the Security Access Form" when completing this form.

Security Action Requested	
Add/Update Core User Access (Complete all applicable fields and roles)	**Remove/Lock Out Core UserAccess** (Complete User Information section only)

User Information

Name - Last, First, Middle Initial Name Change	Business Email Address - @agency.virginia.gov

Business Unit: ☐ L ☐ O ☐ C ☐ A ☐ L

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 (Decentralized Only)	HBO Benefits Support (Centralized Only)
TLC Datasheet Administrator (All Localities)	TLC Datasheet Administrator Read Only (All Localities)

HCM Human Resources Roles (check all roles requested)

HBO HR Administrator (Decentralized Only)	HR Read Only (All Localities)

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