



# Security Statewide Access Form

(not required for HCM ESS access)

## SECURITY ACTION REQUESTED (select one)

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

Remove/Lock Out Core User Access  
(complete User Info Section Only)

## USER INFORMATION

Name - Last, First, Middle Initial

Business Email Address - @agency.virginia.gov

Employee ID:

Cardinal User ID:

User's Job Title:

Business Unit:

Department ID:

Is the User a contract worker or HR Level 4 employee? If so, check box and provide User's Supervisor Name and Employee ID:

Supervisor Name:

Employee ID:

## FIN Section - Accounts Payable, Accounts Receivable and General Ledger (if applicable)

### Finance Primary Permission Lists

Business Units  
(10000 to 59999)

Business Units  
(60000 to 99999)

Check here if only requesting Read Only Access to FIN:

### Finance Expense Approver Profiles

Agency Head  Fiscal Officer  DOA Pre Audit (DOA Only-Statewide)  Check to Remove Profile

If **Agency Head** or **Fiscal Officer**, enter **Business Unit(s) and Department ID number(s)** user approves.

### Finance Accounts Payable Roles (check all roles requested)

<input type="checkbox"/> Supplier Conversation Processor	<input type="checkbox"/> Voucher Processor	<input type="checkbox"/> Special Voucher Processor
<input type="checkbox"/> Voucher Approver*	<input type="checkbox"/> HCM Voucher Processor	<input type="checkbox"/> Voucher Upload Error (Interfacing Only)
<input type="checkbox"/> Payment Reconciler	<input type="checkbox"/> 1099 Administrator	<input type="checkbox"/> Expenses Employee
<input type="checkbox"/> Expense Processor	<input type="checkbox"/> Employee Profile Sync Maintenance	<input type="checkbox"/> Expenses Approver
<input type="checkbox"/> Expense Reassign	<input type="checkbox"/> Secure Payment Reporter	<input type="checkbox"/> Petty Cash Processor
<input type="checkbox"/> Payment Cash Configurator	<input type="checkbox"/> Workflow System Administrator	<input type="checkbox"/> EDI Viewer (Tier II and Tier III Only)

### Statewide Central Roles:

<input type="checkbox"/> Supplier Maintenance Specialist	<input type="checkbox"/> Supplier Maint Spreadsheet Upd	<input type="checkbox"/> EDI Coordinator
<input type="checkbox"/> Payment Processor	<input type="checkbox"/> Special Payment Processor	<input type="checkbox"/> Banking Configurator
<input type="checkbox"/> Paycycle Configurator	<input type="checkbox"/> Travel Expense Configurator	<input type="checkbox"/> Voucher Spreadsheet Processor
<input type="checkbox"/> Voucher Spreadsheet Approver	<input type="checkbox"/> Payment Cash Trans Override	<input type="checkbox"/> Oversight Viewer
<input type="checkbox"/> DOA Special Paycycle Processor	<input type="checkbox"/> Statewide Pre Audit Approver	

*If <b>Voucher Approver</b> , enter <b>Accounts Payable Business Unit number(s)</b> user approves.		
* <b>DJJ, DBHDS, Treasury, DOA &amp; CSA ONLY</b> -If <b>Voucher Approver</b> , also enter <b>Dept ID number(s)</b> user approves.		
<b>Finance Accounts Receivable Roles</b> (check all roles requested)		
<input type="checkbox"/> Funds Receipts Processor	<input type="checkbox"/> Funds Receipts Manager	
<input type="checkbox"/> Funds Receipts Processor for Multiple GL BU (Restricted)	<input type="checkbox"/> Funds Receipts Manager Multi BU (Restricted)	
<b>Finance General Ledger Roles</b> (check all roles requested)		
<input type="checkbox"/> Journal Processor	<input type="checkbox"/> Journal Processor - Interfacing	<input type="checkbox"/> Journal Approver*
<input type="checkbox"/> Agency Chartfield Administrator	<input type="checkbox"/> Budget Processor	<input type="checkbox"/> Budget Approver
<b>Statewide Central Roles</b>		
<input type="checkbox"/> GL nVision Executer	<input type="checkbox"/> ACFR Processor	<input type="checkbox"/> Statewide Journal Approver
<input type="checkbox"/> Statewide ChartField Admin	<input type="checkbox"/> GL Tree Combo Maintenance	<input type="checkbox"/> Statewide GL Sys Administrator
<input type="checkbox"/> Statewide GL Sys Processor	<input type="checkbox"/> Statewide Budget Administrator	<input type="checkbox"/> Statewide Budget Processor
<input type="checkbox"/> Statewide Budget Approver	<input type="checkbox"/> GL Revenue Reporter	<input type="checkbox"/> DOA Journal Bypass
<input type="checkbox"/> Journal Source Bypass	<input type="checkbox"/> SPO Crosswalk Configurator	
*If <b>Journal Approver</b> , enter <b>General Ledger Business Unit Number(s)</b> user approves.		
* <b>DJJ, DBHDS, Treasury, DOA, and CSA ONLY</b> - If <b>Journal Approver</b> , also enter <b>Department ID number(s)</b> user approves.		
<b>Business Intelligence Section (Finance Only) (if applicable)*</b>		
<input type="checkbox"/> BI Adhoc User (Restricted)		
<b>HCM Section - Benefits, Human Resources, Payroll and Time &amp; Attendance Roles (if applicable)</b>		
<b>HCM Primary Permission Lists</b>		
Business Units (09000 to 59999)	Business Units (60000 to 99999)	
<b>HCM Benefits Roles</b> (check all roles requested)		
<input type="checkbox"/> Benefits Administrator	<input type="checkbox"/> Benefits Read Only	<input type="checkbox"/> HBO Benefits Support
<b>Statewide Central Roles:</b>		
<input type="checkbox"/> OHB Benefits Administrator	<input type="checkbox"/> OHB Benefits Operations	<input type="checkbox"/> OHB Benefits Config Read Only
<input type="checkbox"/> VRS Benefits Administrator	<input type="checkbox"/> TLC Datasheet Administrator	
<b>HCM Human Resources Roles</b> (check all roles requested)		
<input type="checkbox"/> HR Administrator	<input type="checkbox"/> HR Position Management	<input type="checkbox"/> HR Manager Reports
<input type="checkbox"/> HR Read Only	<input type="checkbox"/> HR Read Only Sensitive Data	<input type="checkbox"/> EPR Only Entry
<b>Statewide Central Roles:</b>		
<input type="checkbox"/> HBO HR Administrator	<input type="checkbox"/> DHRM HR Operations	<input type="checkbox"/> DGS Reporter
<input type="checkbox"/> DVS Reporter		

**HCM Payroll Roles** (check all roles requested)

<input type="checkbox"/> Payroll Administrator	<input type="checkbox"/> Payroll Read Only	<input type="checkbox"/> SPOT Approver
<input type="checkbox"/> Payroll Budget Processor		

**Statewide Central Roles:**

<input type="checkbox"/> SPO Payroll Operations	<input type="checkbox"/> SPO Payroll Processor	<input type="checkbox"/> SPO Payroll Garnishment Admin
<input type="checkbox"/> SPO Payroll Super User	<input type="checkbox"/> SPO Configurator Read Only	

**HCM Time and Attendance Roles** (check all roles requested)

<input type="checkbox"/> Absence Administrator	<input type="checkbox"/> Absence Supervisor	<input type="checkbox"/> Time & Labor Administrator
<input type="checkbox"/> Employee TL Setup	<input type="checkbox"/> Time & Labor Supervisor	<input type="checkbox"/> Timekeeper
<input type="checkbox"/> TA Interface Administrator	<input type="checkbox"/> Delegation Administrator	<input type="checkbox"/> TA Reporter
<input type="checkbox"/> TA Restricted Special Approver	TA Expired Grace Approver	

**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.

Cardinal Security Officer Printed Name	Date

Cardinal Security Officer Signature (sign above)

**Department of Accounts Approval** (as required)

<input type="checkbox"/> Segregation of Duties Exception	<input type="checkbox"/> Statewide Permission List Request
DOA Approver Printed Name	Date

DOA Approver Signature (sign above)

**Comments/Notes**

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