

USER ID: _____

STATE OF NEW JERSEY
OFFICE OF MANAGEMENT & BUDGET

ANY QUESTIONS?

ACTION REQUESTED:

- ESTABLISH ID
- CHANGE ACCESS
- CANCEL ID

NJCFS SECURITY PROFILE

CALL:
 BONNY KELTER
 AT (609) 292-6994
 EMAIL: NJCFSACCESS@treas.nj.gov

1) EMPLOYEE'S NAME: _____ USER ID: _____

2) WHAT AGENCY/ORGANIZATION DOES THIS USER'S APPROPRIATION FALL UNDER. LIST ONLY ONE. SEE ORGANIZATION STRUCTURE FOR MORE INFORMATION.

AGENCY/DEPT

ORGANIZATION

3) LIST THE GROUPS AND/OR TRANSACTIONS THE USER IS RESPONSIBLE FOR AND INDICATE BY AN "X" THE DIFFERENT CAPABILITIES. SEE PAGE THREE FOR LIST OF MOST COMMON GROUPS. IF USER IS IN A MODEL: MODEL ID _____

GROUP/ TRANS	ACCESS CAPABILITIES			
	SCAN	ENT/CHG DELETE	BOTH	OVERRIDE
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				

APPROVAL CAPABILITIES			
LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4

4) THE FOLLOWING SIGNATURES ARE REQUIRED TO COMPLETE THIS FORM:

I UNDERSTAND THAT ACCESS TO NJCFS REQUIRES THE USE OF USER IDS AND PASSWORDS THAT ARE CONFIDENTIAL INFORMATION AND ARE NOT TO BE SHARED. I AM RESPONSIBLE FOR ANY TRANSACTIONS ASSOCIATED WITH MY USER ID.

USER NAME: _____ TITLE: _____ DATE: _____

SIGNATURE: _____ EMPLOYEE ID. NO: _____ PHONE: _____

I AUTHORIZE ACCESS TO NJCFS/MACS-E, IN ACCORDANCE WITH THE USER'S SECURITY PROFILE, FOR THE USER LISTED ABOVE.

SUPERVISOR'S NAME: _____ TITLE: _____ DATE: _____

SIGNATURE _____ PHONE _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

ISR NAME: _____ SIGNATURE: _____ DATE: _____

USER ID: _____

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5) IF THE USER HAS LEVEL 3 OR GREATER APPROVAL, AN AUTHORIZED APPROVAL OFFICER MUST SIGN BELOW AND THE ATTACHED SIGNATURE FORM LETTER MUST BE SIGNED BY THE HEAD OF THE DEPARTMENT.
 I CERTIFY THAT THE TRANSACTIONS APPROVED BY THE ABOVE USER WILL BE IN ACCORDANCE WITH PROCEDURES AS STATED IN THE NJCFS AND MACS-E MANUALS, CIRCULAR LETTERS AND PROCUREMENT CIRCULARS.

APPROVAL OFFICER NAME _____ **SIGNATURE** _____

6) DOES THE USER HAVE **DEPARTMENT-WIDE ACCESS**? YES NO
 IF NO, LIST ALL AGENCY/ORGANIZATION COMBINATIONS BY GROUP/TRANSACTION THAT THE USER WILL HAVE ACCESS TO:

GRP 1	GRP 2	GRP 3	GRP 4	GRP 5	GRP 6	GRP 7	GRP 8	GRP 9

NOTE: IF THE USER'S CAPABILITIES REQUIRE ACCESS TO MORE THAN ONE DEPARTMENT FOR THE SAME TRANSACTION, THE USER MUST SUBMIT A MEMO FROM EACH AGENCY OTHER THAN HIS OWN APPROVING THIS ACCESS.

USER ID: _____

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MOST COMMONLY USED SECURITY GROUPS

<u>GROUP</u>	<u>TRANSACTION/TABLES</u>	<u>FUNCTION</u>
AGYE	TABLES SPECIFIC TO AGENCY #	UPDATE
APTA	AL, AP, A1, GO, TA	DATA ENTRY
BDGT	AL, AP, EB, RB, TA, TB	DATA ENTRY
DBCO	DO	DATA ENTRY
EMTR	TC, TE, TH, TV	DATA ENTRY
ENCB	AO, GO, RA, RD	DATA ENTRY
EVAG	AGENCY TRAVEL EVENT TABLE#	DATA ENTRY
EXAC	AV, A1, EM, UA, U1	DATA ENTRY
FISC	EB, RA, TB	DATA ENTRY
FRPT	JV, J1	DATA ENTRY
GNAC	GENERAL ACCOUNTING TRASACTIONS*	DATA ENTRY
GRMN	EM, FM, FX	DATA ENTRY
MACD	MACS-E ORDERS AND REQUISITIONS ONLY	DATA ENTRY
MACP	MACS-E PAYMENTS ONLY	DATA ENTRY
NOV1	CR, U1	DATA ENTRY
PRMN	PJ, PK, PX	DATA ENTRY
RVAC	CR, C1, IN, QR, RB, RM	DATA ENTRY
SCON	TABLES SPECIFIC TO AGENCY#	SCAN ONLY
TRAN	AL, AP, TA, TE TH	DATA ENTRY

*GNAC includes all of the above except AGYE, DBCO, EVAG, FRPT, MACD, MACP and SCON

No approvals are required for security groups which grant access to tables only.

USER ID: _____	STATE OF NEW JERSEY OFFICE OF MANAGEMENT AND BUDGET	ANY QUESTIONS?
ACTION REQUESTED	SECURITY PROFILE FOR NJCFS ACCESS TO MACS-E	CALL: BONNY KELTER AT (609) 292-6994 EMAIL: NJCFSACCESS@treas.nj.gov0
<input type="checkbox"/> ESTABLISH ID <input type="checkbox"/> CHANGE ACCESS <input type="checkbox"/> CANCEL ID		

1) EMPLOYEE'S	NAME: _____	USER	ID _____
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2) WHAT AGENCY/ORGANIZATION DOES THIS USER'S APPROPRIATION FALL UNDER? LIST ONLY ONE . SEE ORGANIZATION STRUCTURE FOR MORE INFORMATION.	
AGENCY/DEPT: _____	ORGANIZATION: _____

3) LISTED BELOW ARE THE MACS-E CAPABILITIES. PLEASE INDICATE WHICH CAPABILITIES THE USER WILL HAVE BY CHECKING THE APPROPRIATE ITEM BOX. THE CAPABILITIES SHOULD APPLY TO GROUP _____	
MACS-E FUNCTIONS	
<input type="checkbox"/> INQUIRY ONLY <input type="checkbox"/> KEYING REQUISITIONS BUT NOT PROCESSING TO NJCFS <input type="checkbox"/> KEYING PURCHASE ORDERS BUT NOT PROCESSING TO NJCFS <input type="checkbox"/> PROCESSING INVOICES <input type="checkbox"/> KEYING PAYMENTS BUT NOT PROCESSING TO NJCFS <input type="checkbox"/> PROCESSING REQUISITIONS TO NJCFS (STATUS 150/135) <input type="checkbox"/> PROCESSING PURCHASE ORDERS TO NJCFS (STATUS 435) <input type="checkbox"/> PROCESSING PAYMENTS TO NJCFS (STATUS 635)	

4) DOES THE USER HAVE DEPARTMENT-WIDE ACCESS? YES NO
 IF NOT, LIST BELOW ALL AGENCY/ORGANIZATION COMBINATIONS THAT THE USER WILL HAVE ACCESS TO IN MACS-E. PLEASE INCLUDE ALL LOWER LEVEL ORGANIZATION NUMBERS.

	AGENCY	AGENCY	AGENCY	AGENCY
	<div style="border: 1px solid black; width: 100%; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px; margin: 0 auto;"></div>
	ORGN	ORGN	ORGN	ORGN
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

5) THE FOLLOWING SIGNATURES ARE REQUIRED TO COMPLETE THIS FORM:		
USER NAME: _____	TITLE: _____	DATE: _____
SIGNATURE: _____	EMPLOYEE ID. NO.: _____	PHONE: _____
I AUTHORIZE THE USER LISTED ABOVE ACCESS TO MACS-E, IN ACCORDANCE WITH THE USER'S SECURITY PROFILE.		
SUPERVISOR NAME: _____	TITLE: _____	DATE: _____
SIGNATURE: _____	PHONE: _____	
I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
ISR NAME: _____	SIGNATURE: _____	DATE: _____

**State of New Jersey
Office of Management and Budget
Authorized Signature Letter**

TO: David Ridolfino, Director
Office of Management and Budget

FROM: _____ NAME OF DEPARTMENT HEAD
_____ TITLE
_____ DEPARTMENT
_____ APPROPRIATION-LEVEL ORGANIZATION

SUBJECT: SIGNATURE RECORDS

In accordance with the provisions of NJSA 52:27B-37, the following individual is authorized to apply final approval for the groups/transactions that are listed on the security profile form and/or for the batch upload/interface transactions listed below.

NAME: _____ **TITLE:** _____

USER IDENTIFICATION NUMBER: _____

Signature of Department Head

If the user has final approval on any transaction interfaces or uploads, please fill out the information below. List all transaction codes in the column on the left and their corresponding organization codes in the column on the right.

BATCH UPLOAD/INTERFACE <u>TRANSACTION CODES</u>	BATCH UPLOAD/INTERFACE <u>ORGANIZATION CODES</u>

PLEASE TYPE OR PRINT ALL INFORMATION