



Office of the State Controller

Authorization to Access the Cash Management Control System (CMCS)

Add User

Change User

Delete User

Effective Date: _____

Group Code	Initials	RACF ID	Bill Code	Name	Security Level

(Please attach spreadsheet or other document if additional CMCS users need to be added, changed, or deleted)

AUTHORIZED BUDGET CODES

(For *Change User* indicate if codes are to be Added or Deleted – A/D)

A/D					
A/D					
A/D					
A/D					
A/D					

Signature of Agency Security Admin or
Chief Fiscal Officer

Date

Print Name

(The Agency Security Admin/Chief Fiscal Officer is responsible for reporting to the State Controller any change in an employee’s status that would affect the security of the CMCS.)

Security Levels

3 – Requisitions & transfers-out only
4 – Inquiry only
5 – Deposits and transfers-in only
6 – Requisitions, deposits, transfers-out, transfers-in