SOD Risk Acceptance Form

This form is being completed to document that there is a true business need for the following user to have two or more SAP security roles that cause an SOD (Segregation of Duties) conflict. I approve for the following user to have the segregation of duty conflict(s) marked below:

|  |  |
| --- | --- |
| Employee Name |   |
| Position # |   |
| Position Name |   |
| PERNR # (include leading zeros) |   |

|  |  |
| --- | --- |
| **Role Conflicts** | **Mark SOD Conflict for user** |
| HR Master Data Maintainer with Payroll Administrator |  |
| HR Master Data Approver with HR Master Data Maintainer |  |
| HR Master Data Approver with Position Funding Approver |  |
| HR Master Data Maintainer with Position Funding Approver |  |

Completion of this form indicates that I am aware of the risks associated with these SOD conflicts, and that my agency has established and documented a compensating control process within our business processes.

Approver’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approver’s Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOD Risk Acceptance Form Procedures:

* Please submit one form per employee.
* Send to BEST@osc.nc.gov. Please do not send directly to the HR/Payroll ERP System Security Team.
* Save the form using the following naming convention:

SOD\_[first initial]\_[last name]\_[agency]\_[date]. Example: SOD\_j\_doe\_osc\_070109.xls

* Forms will only be accepted by BEST if signed by the Agency Head or designee whose name appears in our list of SOD Risk Acceptance Form Approvers.
* Removal of one or more of the SOD roles can be accomplished by having the Agency data owner submit a completed HR/Payroll ERP System Security Change Request.
* Note: During the regular Security Request Process, the System will determine if an SOD conflict exists. If an SOD form is required, the Security Request will be placed on “Hold” until a signed form is submitted to BEST@osc.nc.gov.