



**COLORADO**

Office of the State Controller

Department of Personnel & Administration

# Central Payroll Processing System (CPPS) Access Request Form

Please complete and sign then send the completed form to: [state\\_centralpayroll@state.co.us](mailto:state_centralpayroll@state.co.us)

## Employee Information

Employee Name: \_\_\_\_\_

Employee Identification #: \_\_\_\_\_

Employee Title: \_\_\_\_\_

Organization Code: \_\_\_\_\_

Employee Email: \_\_\_\_\_

Organization Name: \_\_\_\_\_

- ☐ **Step 1: Web Access Only**, Fill out this form and send to [state\\_centralpayroll@state.co.us](mailto:state_centralpayroll@state.co.us)
- ☐ **Step 2 (if needed): CPPS Access through QWS3270 Mainframe (Green Screen)**, Fill out this form and send to [state\\_centralpayroll@state.co.us](mailto:state_centralpayroll@state.co.us) then place a ticket with OIT in [Service Hub](#) for Access to QWS3270 Mainframe (Green Screen)

## Request Reason (Select 1)

- ☐ Inquiry (View Only) ☐ Update (With Inquiry) ☐ Revoke Access

## Access Request (select minimum role access necessary for job responsibility)

- ☐ Accounting ☐ Personnel
- ☐ Benefits and Payroll ☐ Labor Allocation (LDC)

## Copy User Access of Existing User (if available)

User Name: \_\_\_\_\_

CPPS User ID: \_\_\_\_\_

Any requests that include any combination of access for Benefits, Payroll, Personnel, and Labor Allocation are considered exceptions and must be reviewed and approved by the State Controller to be granted access.

Organization (Org) Access Requested (List Multiples if Needed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# Statement of Agreement

## For Use of the State of Colorado Office of the State Controller's Financial Systems and Data

The authority for this Agreement includes Colorado Revised Statutes:

- Title 24, Article 30, Part 2 - Accounts and Control
- Title 24, Article 37.5, Part 4 - Information Security
- Title 24, Article 72, Part 2 - Inspection, Copying, or Photographing

## End User System Access and Acceptable Use Policy

**Purpose of the Agreement** - The following terms and conditions are intended to protect the State of Colorado Office of the State Controller's (OSC) financial systems and data from unauthorized access and use.

**Issuance of your account is predicated upon your acknowledgement, acceptance, and adherence to the following terms and conditions:**

**Use for Official State Business** - The State's financial systems must be used in a responsible, lawful, and ethical manner and must be used solely for purposes that serve the State's mission and goals. Usage for personal or unauthorized activities is strictly prohibited.

**No Expectation of Privacy** - You shall have no expectation of privacy, rights, or ownership in anything you may access, create, store, send, or receive within the State's financial systems. This Agreement constitutes your waiver, and consent to monitoring, retrieval, and disclosure of any information in the State's financial systems for all purposes deemed appropriate by OSC or permitted by Colorado Revised Statutes.

**Password Protection** - You will be assigned a unique username and password to access the State's financial systems and/or applications. You shall not share your password with any other individual. You will be required to reset your password on a periodic basis and shall assume full responsibility for the security of your password. You shall access the State's financial systems only with a valid computer account.

**Access Only Information You Need** - You shall access only the information you need to do your job, and not to access or attempt to access files you are not authorized to use. You shall not "browse" or otherwise use files or programs that exceed what is the minimum necessary to do your job. Your use and disclosures of

information shall be consistent with those permitted by the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable laws and rules.

**Confidential Information to be Kept Confidential** - You acknowledge that you shall not copy or discuss confidential information and/or reports with family members, friends, professional colleagues, other employees, clients/customers, or any other person unless such person has been authorized to access that information. If unsure who is authorized to access such information, you shall check with your direct supervisor or the point of contact responsible for the information. Confidential Information means any nonpublic information pertaining to the State's business and includes personal protected information such as SSN, date of birth, home address, home telephone number, etc., and non-Public Records listed in CRS 24-72-202(6)(b). You are responsible for the secure handling of sensitive personnel, financial and/or security related information you may be authorized to handle, and conform to the Colorado Cyber Security Policies for Data Handling and Disposal.

**Unauthorized Activities Prohibited** - Unauthorized activities that could compromise the State's financial systems or data are strictly prohibited. These activities include but are not limited to: network scanning (sniffing), vulnerability scanning, security testing, and modification of IP, proxy, DHC, etc settings, and password cracking. Transmission of material in violation of any state or federal law or regulation is prohibited.

**Violation of Terms of This Agreement** - Any violation of federal, state, department, or program requirements or terms of this Agreement will be considered a breach of obligations and may result in disciplinary action, up to and including termination of employment, other remedies allowed by law during or after your employment per the State of Colorado Personnel Rules, and could result in criminal prosecution under applicable state and federal laws.

**The employee** is responsible for reading, understanding, and adhering to the agreement.

**The supervisor** is responsible for ensuring that their subordinates have read, understood, and signed the agreement.

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**Employee Printed Name**

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**Employee Signature**

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**Date**

## Signature Approvals

Please note: Granting this access level permits the employee to view all salary data. Your signature signifies acknowledgment and approval of this comprehensive access.

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Employee's Supervisor

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Department Human Resources Director

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Date

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Date

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Department Controller

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State Controller (when applicable)

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Date

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Date

## Central Payroll Unit Use Only

Following Information Received:

- ☐ Signed Statement of Agreement by Employee
- ☐ All approval signatures
- ☐ Email with Initial Password Sent

Operator ID: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Query ID: \_\_\_\_\_

Processed By: \_\_\_\_\_

Previous Access: \_\_\_\_\_

Organizations Granted: \_\_\_\_\_