



USER INFORMATION

SECURITY CONTACT NAME:	EMPL ID NUM:	PCN:	PHONE NUMBER:
_____	_____	_____	_____
DEPARTMENT:	DIVISION:	Select if user authorization is limited to specified Division employee's only.	
_____	_____		

REQUEST TYPE

ADD

UPDATE

DELETE

This form acts as delegation of authority from the Appointing Authority to the Authorized Security Contact to sign and/or submit forms as selected below to DOA-Finance.

This form replaces any preceding form for this individual on file with the Division of Finance.

SYSTEMS AND FUNCTIONS

Mark the box of each system and corresponding function this Security Contact is being authorized for.

PAYROLL REPORTS REQUEST FORM

- Account Route Report requests
- AKINQ Access requests are subject to a final approval by the DOF State Payroll Manager or designee

ALDER

- Sign and submit ALDER User Affidavits
- IRIS HRM and AKPAY Data Source requests are subject to a final approval by the DOF State Payroll Manager or designee

IRIS SECURITY *

- Sign and submit IRIS Access Affidavit / IRIS Security Request Form
 - Requesting access to transaction/functional roles
 - Adding/removing employees to Approval Roles to approve documents
- * NOTE:** Some IRIS HRM Security Roles must be approved by a **IRIS HRM SPECIAL SECURITY** contact (designated below). These roles are denoted on the [IRIS Security Request Form](#).

IRIS WORKFLOW

- Requesting changes or additions to workflow rules

Additional Authority for IRIS HRM -- Granted only to employees of Departments:

01: Office of the Governor -- 02: DOA-DOP&LR / DOF -- 30: Legislative Affairs/Audit -- 41: Alaska Court System

IRIS HRM SPECIAL SECURITY

- Sign and submit IRIS Security Request Forms for **IRIS HRM SPECIAL SECURITY** roles (add / update / delete)

User Signature

PRINTED NAME	SIGNATURE	DATE
_____	_____	_____

Appointing Authority Approval

PRINTED NAME	SIGNATURE	DATE
_____	_____	_____

Distribution: Departments retain a copy of the signed form for their records and send the original signed form to the Department of Administration, Division of Finance.

Submit this form to:

Email: DOA.DOF.System.Security@alaska.gov / **Fax:** (907) 465-2169