



STATE EMPLOYEE REQUEST FOR ACCESS TO STATE COMPTROLLER COMPUTER SYSTEMS

State Form 51133 (R5 / 7-23)
Approved by State Comptroller, 2023

State Comptroller
Attn: Security Administrator
200 W. Washington St., Room 240
Indianapolis, IN 46204-2731

| | | |
|------------------------------|---------------------------------|---------------------------------|
| Type of Request | | |
| <input type="checkbox"/> Add | <input type="checkbox"/> Change | <input type="checkbox"/> Delete |

| | | |
|------------------------------------|---------------------------|-------------------------------|
| User Information | | |
| Name (First, Middle Initial, Last) | | User ID (if already assigned) |
| Windows Domain | Domain User Name | PeopleSoft ID |
| E-mail Address | Telephone Number | Interoffice Mailing Address |
| BU | Agency | Department |
| Supervisor Name | Supervisor E-mail Address | Supervisor Telephone Number |

| | |
|---|--|
| Application Access Required (Check all that apply.) | |
| Alchemy | Payroll File Share Access |
| <input type="checkbox"/> GL <input type="checkbox"/> PAYROLL User will have access to information at the specific level indicated. L1 L2 | Incoming <input type="checkbox"/> PFP L1 L2 Outgoing <input type="checkbox"/> PFP L1 L2 |
| State Comptroller Use Only | State Comptroller Use Only |
| Access Granted By: _____ Date: _____ (month, day, year) | Access Granted By: _____ Date: _____ (month, day, year) |

| | |
|-----------------------------------|--|
| AOSFTP.AUDITOR.IN.GOV | |
| Name: _____ | County: _____ |
| Address: _____ | Telephone Number: _____ |
| City/State: _____ | Email Address: _____ |
| State Comptroller Use Only | Access Granted By: _____ Date: _____ (month, day, year) |

| | | |
|---|----------------------|-------------------------|
| Acknowledgement and Approvals | | |
| By accepting this access, I understand and agree: | | |
| <ul style="list-style-type: none">I am responsible for protecting data and programs against unauthorized use, access, theft, alteration, or destruction.All computer programs and materials developed while using State facilities or resources are the property of the State of Indiana.I will access only the applications and data that have been approved for my official use.I will not share my log-on credentials or show any unauthorized users how to access any systems.I agree to comply with the Information Resources User Agreement.I will not use State resources for personal business as outlined in the current Employee Handbook.I understand that if I fail to comply with these conditions and the established procedures for all systems, my access will be revoked and disciplinary action up to and including termination may result and/or any other available legal remedies including but not limited to criminal prosecution. | | |
| Employee Printed Name | Employee Signature | Date (month, day, year) |
| Supervisor Printed Name | Supervisor Signature | Date (month, day, year) |

| | | |
|-----------------------------------|----------------------------|-------------------------|
| State Comptroller Use Only | | |
| Payroll Director Printed Name | Payroll Director Signature | Date (month, day, year) |