



STATE EMPLOYEE REQUEST FOR ACCESS TO STATE COMPTROLLER COMPUTER SYSTEMS

State Form 51133 (R6 / 2-24)
Approved by State Comptroller, 2024

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)		
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

Agency Business unit	
<u>Agency Business unit you are requesting access to: i.e.; 00050 = State Comptroller</u>	
Enter BU here:	<input type="text"/>

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 Technology Resources Policy.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)