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# **HRIS SECURITY AUTHORITY DELEGATE DESIGNATION FORM**

Use this form to add and remove an HRIS Security Authority Delegate designation. The Security Authority Delegate must complete the HRIS Security policy review and acknowledgement located in TraCorp under Course ID: HRISSECURITYPOLICY. Approval of this form must be submitted by the Agency Director only to the [hrisservicedesk@azdoa.gov](mailto:hrisservicedesk@azdoa.gov).

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| Section 1: Request Details | | | | | | |
| **Request Type:** |  | **Add** |  | **Remove** | **Agency Name:** |  |

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| Section 2: Security Authority Delegate Information and Acknowledgement | | | | |
| Delegate hereby accepts responsibility for managing agency HRIS Security Approvers and Reviewers from the “Agency Director” listed above. | | | | |
| **Name:** |  | | **EIN:** |  |
| **Signature:** |  | | **Date:** |  |
| *Signature can be provided by typing in the full name in the signature field above.* | | | | |
|  | I have read and understand the Roles and Responsibilities of the HRIS Security Approver / Reviewer that are outlined in the HRIS Security Policy. | | | |
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| Security Authority Delegate Initials |
| **Work Email:** |  | | **Phone:** |  |
|  | | | | |
| **Section 3: Agency Director Information and Approval** | | | | |
| By completing this form, the Agency Director hereby transfers administration of Agency HRIS Security Approvers and Reviewers to the “Delegate” listed below. | | | | |
| **Name:** |  | | **EIN:** |  |
| **Signature:** |  | | **Date:** |  |
| *Signature can be provided by typing in the full name in the signature field above.* | | | | |
|  | I have confirmed the Agency HRIS Security Authority Delegate has read and understands the Roles and Responsibilities that are outlined in the HRIS Security Policy. | | | |
| Agency Director Initials |