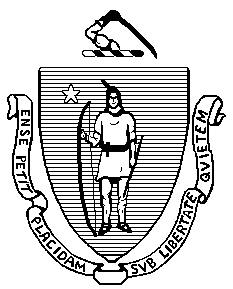
# The Commonwealth of Massachusetts

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**Office of the Comptroller**

**Shared Responsibility Security Request Form**

|  |
| --- |
| Dept ID**:**  Delegator Name**:** Employee ID**:**  Time Reporter Group (Group ID)**:**  Shared Responsibility Name**:** Employee ID**:**  Justification**:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Start Date:       End Date:** |
|  |
| **role (Select with an X) If role is not listed, please do not write in.** |
|  |
|  |
| MA\_TIMESHEET\_APPROVAL\_OVERRIDE |
|  |
|  |
| Security Officer (Print):  Phone: |
| Security Officer (Signature): Date: |
|  |

**Please print, sign, scan, then email the completed form to:**

Office of the Comptroller

Payroll Bureau

[CTR-Statewide-Payroll@MassMail.State.MA.US](mailto:CTR-Statewide-Payroll@MassMail.State.MA.US)