



OFFICE OF THE COMPTROLLER

SHARED RESPONSIBILITY SECURITY REQUEST FORM

**INSTRUCTIONS:** Please complete the form, and have your Department Security Officer email the completed form to the Office of the Comptroller Statewide Payroll Team at [statewide.payroll@mass.gov](mailto:statewide.payroll@mass.gov).

Department Code	
Delegator Name	Delegator Employee ID
Time Reporter Group (Group ID)	
Shared Responsibility Name	Shared Responsibility Employee ID
Justification	
Start Date	End Date

<div>Role</div> <div>Select with an X. IF ROLE IS NOT LISTED, PLEASE DO NOT WRITE/TYPE IT IN.</div> <div><input type="checkbox"/> MA_TIMESHEET_APPROVAL_OVERRIDE</div>	
Department Security Officer Name	
Department Security Officer Email	Department Security Officer Phone
Department Security Officer Signature	