# The Commonwealth of Massachusetts

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**Office of the Comptroller**

**Shared Responsibility Security Request Form**

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| 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