



USER INFORMATION

SECURITY CONTACT NAME: _____ EMPL ID NUM: _____ PHONE NUMBER: _____

AGENCY NAME: _____ HR GROUP (DOP PAYROLL SERVICES USE ONLY): _____

REQUEST TYPE

ADD

UPDATE

DELETE

This form acts as delegation of authority from the Appointing Authority to the Authorized Security Contact to sign and/or submit forms as selected below to DOA-Finance.

This form replaces any preceding form for this individual on file with the Division of Finance.

SYSTEMS AND FUNCTIONS

Mark the box of each system and corresponding function this Security Contact is being authorized for.

**PAYROLL REPORTS
REQUEST FORM**

- Account Route Report requests
- AKINQ Access requests are subject to a final approval by the DOF State Payroll Manager or designee

ALDER

- Sign and submit ALDER User Affidavits - with no AKPAY/IRIS-HRM data (add/update/delete)

**IRIS FIN/HRM/PROC
SECURITY ***

- Sign and submit IRIS Access Affidavit / IRIS Security Request Form
 - Requesting access to documents/functional roles
 - Adding/removing employees to Approval Roles to approve documents

** NOTE:* A number of IRIS HRM Security Roles must be approved by a **IRIS HRM SPECIAL SECURITY** contact from DOP&LR or Agency HR. These roles are denoted on the [IRIS Security Request Form](#).

**IRIS FIN/HRM/PROC
WORKFLOW**

- Requesting changes or additions to workflow rules

**Additional Authority for IRIS HRM / ALDER -- Granted only to employees of Departments:
01: Office of the Governor / 02: DOA-DOP Payroll Services / 30: Legislative Offices / 41: Alaska Court System**

**IRIS HRM
SPECIAL SECURITY**

- Sign and submit IRIS Security Request Forms for roles requiring DOP&LR or Agency HR approval (add / update / delete)

ALDER

- Sign and submit ALDER User Affidavits - with AKPAY/IRIS-HRM data (add/update/delete)

SIGNATURES

Authorized Security Contact

PRINTED NAME

SIGNATURE

DATE

Appointing Authority

PRINTED NAME

SIGNATURE

DATE

Distribution: Departments retain a copy of the signed form for their records and send the original signed form to the Department of Administration, Division of Finance.

Submit this form to:

Email: DOA.DOF.System.Security@alaska.gov / **Fax:** (907) 465-2169