

e-Controlling Board Agency Security Form

Agency Name _____

Division Name _____

User Last Name _____

User First Name _____ User Middle Initial _____

Job Title _____

E-Mail Address _____

(Must be provided - will be used to authenticate a caller for resetting their password)

Work Phone Number _____ Fax Number _____

Workflow Position:

Each agency will have one or more persons assigned as a "Preparer" and at least one person assigned as "Approver 1." The number of approval levels required by an agency will vary between one and four. The signature authority of the agency/organization must be the highest approval level for the agency. (Workflow users have create/update/delete functionality)

- Preparer Person, who prepares the Controlling Board request, completes Required Information Questions, attaches supporting documentation, and routes the request to the Reviewer or to Approver 1.

- Approver 1 Person who reviews and edits the Controlling Board request and routes the request to the second approval Level or forwards it to the Controlling Board Office if Approver 2 is **agency signature authority**.

- Approver 2 Person who reviews and edits the Controlling Board request and routes the request to the third approval Level or forwards it to the Controlling Board Office if Approver 3 is **agency signature authority**.

- Approver 3 Person who reviews and edits the Controlling Board request and routes the request to the fourth approval Level or forwards it to the Controlling Board Office if Approver 4 is **agency signature authority**.

- Approver 4 Person who reviews and edits the Controlling Board request and routes the request to the fourth approval Level or forwards it to the Controlling Board Office if Approver 5 is **agency signature authority**.

- Approver 5 Person who reviews and edits the Controlling Board request and forwards it to the Controlling Board Office and has **agency signature authority**.

- Read Only Person who can view and print Controlling Board requests.

Signature of Authorized Agency Representative*

Date

Phone Number

Printed Name

Title

*As the Authorized Agency Representative, I certify by submitting this request that I am authorized by my agency director or person of equivalent rank to do so. Additionally, if authorizing a person as the highest level of approval for my agency, I certify that this person has received written authorization from my agency director or equivalent to submit requests on behalf of the agency or entity I serve.

Once this form has been completed, please forward by, email, to OBM ITO Support Help Desk at ECBsupport@obm.state.oh.us. You will receive an email notification with your UserID and Password.