



46 State House Station
 Augusta, ME 04333-0046
 Telephone: (207) 512-3100
 Toll-free: 1-800-451-9800
 TTY: (207) 512-3102

MAINEPERS EMPLOYER SECURITY ADMINISTRATOR AUTHORIZATION

Terms and Conditions of Use:

By registering as a MainePERS Employer Security Administrator you acknowledge and accept the responsibilities below.

Employer Security Administrator responsibilities include, but are not limited to, the following:

1. The Employer Security Administrator assumes custodian responsibilities for access to MainePERS information by creating and deleting MainePERS application user IDs and granting and terminating application access for those designated employees.
2. MainePERS web-based applications and MainePERS information assets are for business use only. The Security Administrator must protect these information resources by establishing user IDs and granting access to applications only when access to MainePERS data is consistent with the assigned job duties of the employee for whom the user ID is established.
3. Instructs the users in the following responsibilities:
 - Use the resource only for the purposes specified by MainePERS;
 - Comply with controls established by MainePERS or public law;
 - Prevent disclosure of any information contained in MainePERS web-based applications.

Requested Action: Create Employer Security Administrator Delete Employer Security Administrator

MainePERS Employer Security Administrator			
Employer Name:	Employer EIN (tax ID):	Employer Number:	Administrator's Last Name:
Administrator's Employer Mailing Address:			Administrator's First Name:
			Administrator's E-mail Address:
			Administrator's Telephone:

By signing this form, I acknowledge and accept the duties and responsibilities listed above and agree to comply with these and all MainePERS security policies.

 MainePERS Employer Security Administrator Signature

 Date

Employer Authorization

The individual authorizing the addition or deletion of the Employer Security Administrator for your organization cannot be the same person as the above named Security Administrator.

Name: _____

Title/Position: _____

Approving Signature: _____

Date: _____