



Commonwealth of Massachusetts

OFFICE OF THE COMPTROLLER

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Contractor Access Request Form CTR Statewide Enterprise Systems Security Policy for Contractors Including Staff Augmentation Resources

Access to Enterprise Systems by persons that are not Commonwealth employees presents an additional level of risk to the safety, security and protection of system assets and data. I certify that I am an Authorized Signatory of _____ Department. I am hereby requesting Enterprise System Access for one or more Contractors, as detailed below.

Access requests for multiple Contractors may be submitted under the same Request Form by attaching a spreadsheet that includes a column for each of the six points below completed for all Contractors included in the Request.

Check this box if a [Multiple Contractor spreadsheet](#) is attached and incorporated by reference into this Request Form.

1. Contractor Individual Full Legal Name: _____
2. HR/CMS Employee ID: _____.
3. Identify Employer full Legal Name (if vendor or staff augmentation resource): _____.
4. Indicate Enterprise Role sought:
 MMARS Administrator Role (evidence of DHSA approval required prior to submission of any transaction)
 MMARS User Role
 MMARS Other role or access: describe access:
 HR/CMS Display Role
 HR/CMS Other role or access: describe access:
5. Period of Access: From: ___ / ___ / ___ To: : ___ / ___ / ___ (Not to exceed one year)
6. Explanation of significant business need and why Enterprise Security access cannot be accomplished with current state employees.

Department Name: _____

Department Head Authorized Signatory Name (printed): _____

Department Head Authorized Signatory Signature: _____ Date: _____

Please scan and send this completed form to CTR-Risk.Management.Team@Mass.gov