

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

Name of person who completed this form

Date

Phone Number

Signature of Chief Fiscal Officer

Name of Chief Fiscal Officer

***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.**

Controlling Board Website – www.ecb.ohio.gov