



# Department of Civil Service

Albany, NY 12239

## MUNICIPAL SERVICES DIVISION Local Agency Request for Access to MSD Applications

M-30 (7/2021 L)

**INSTRUCTIONS:** Each Municipal Civil Service Agency must complete this form for each employee authorized to have access to MSD On-line or to any of the MSD application(s). After the Department of Civil Service processes this form, each individual user will be notified of his/her User ID and the applications to which he/she has been granted access. If you have any questions regarding this form, please call 518-473-5037.

<b>User Information</b>	SSN		Authorized Civil Service User ID	
	Last Name			Approved User ID <input type="text"/>
	First Name			
	MI			
	Title		MSD Authorization <input type="text"/>	
	Work Phone			
	Email Address			

<b>Mailing Address</b>	Agency Name		Agency Code <input type="text"/> <i>DCS Use Only</i>
	Building/Room		
	Street		
	City		State

### Check Action to be Taken and Level of Access:

Indicate if request is		<input type="checkbox"/> <b>New ID</b>		<input type="checkbox"/> <b>Add</b>		<input type="checkbox"/> <b>Change</b>		<input type="checkbox"/> <b>Delete</b>	
<input type="checkbox"/> MSD Online	<input type="checkbox"/> ERMA	<input type="checkbox"/> Exams Online	<input type="checkbox"/> Exam Scopes	<input type="checkbox"/> Exam Results	<input type="checkbox"/> Exam Status	<input type="checkbox"/> Annual Reports	<input type="checkbox"/> ATAP Exams	<input type="checkbox"/> 211	<input type="checkbox"/> Fee Billing

<b>Agency Authorization</b>	I am the Chair of the Civil Service Commission/Personnel Officer and I authorize the person named above to have access to the application(s) identified above. I am requesting that the Department assign a "user identification" to this employee.		
	Signature		Date:
	Name (Please Print)		Phone Number:
	Title		Fax Number:
	Send Completed Forms to: <a href="mailto:assistance.request@cs.ny.gov">assistance.request@cs.ny.gov</a>		or

### Personal Privacy Protection Law Notification

The information you provide on this application is being requested for the principal purpose of processing a request for access to one or more information data base systems. The information will be used in accordance with Section 96 (1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide the information requested may prevent this agency from processing your request. This information will be maintained by the Director, Municipal Services Division, Department of Civil Service, Albany, NY 12239; telephone (518) 473-5022. For information relating only to the Personal Privacy Protection Law, call (518) 457-9375.