



Department of Civil Service

Albany, NY 12239

MUNICIPAL SERVICES DIVISION Local Agency Request for Access to MSD Applications

M-30 (2/2020 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.

| | | | | |
|-------------------------|---------------|--|---|--|
| User Information | 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 | | | |

| | | | |
|------------------------|---------------|--|--|
| Mailing Address | 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"/> New ID | | <input type="checkbox"/> Add | | <input type="checkbox"/> Change | | <input type="checkbox"/> Delete | |
| <input type="checkbox"/> MSD Online | <input type="checkbox"/> Exam Status | <input type="checkbox"/> Order Exams | <input type="checkbox"/> Exams Online | <input type="checkbox"/> Exam Scopes | <input type="checkbox"/> Exam Results | <input type="checkbox"/> ATAP Exams | <input type="checkbox"/> Annual Reports | <input type="checkbox"/> Fee Billing | <input type="checkbox"/> 211 |

| | | | |
|-----------------------------|---|--|---|
| Agency Authorization | 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: assistance.request@cs.ny.gov or | | NYS Department of Civil Service Albany, NY 12239 |

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) 473-5067. For information relating only to the Personal Privacy Protection Law, call (518) 457-9375.