



Access to DHRM Applications
DESIGNATION OF AGENCY SECURITY OFFICER (ASO) FOR HUMAN RESOURCES DATA
 (Previously called PSO - PMIS Security Officer)

Instructions:

- **Primary Agency #** - Agency number the designated ASO is responsible for;
- **Secondary agency(s) #** - Others agencies under the responsibility of the designated ASO if applicable;
- **Action to be taken** – Select either “Add” or “Replace”, and select either “Primary” or “Backup”; enter the name of current ASO only if it is a replacement;
- **ASO Identification** – Enter the name, role, position #, work address and work phone number of the designated ASO;
- **Authentication of ASO** – All ASO(s) must be authenticated by the Primary Agency Human Resource (HR) manager or their designee;
- **Signatures** - Signature of the ASO (Primary or Backup) is required; signature of the HR Manager is required; wet ink or electronic signatures are acceptable;

IMPORTANT: The Agency Security Officer (ASO) and the Agency HR Director (HRD) are responsible for approving their agency’s employees that need access to DHRM HR Computer Applications due to their job responsibilities. DHRM will not grant access to employees without the agency’s HRD and ASO approvals.

Primary Agency #: <input style="width:60px" type="text"/>	Secondary Agency(s) #: <input style="width:60px" type="text"/>
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SELECT ACTION TO BE TAKEN

Add new ASO Primary ASO

Replace current ASO Backup ASO

Current ASO Name: _____

Authentication of ASO by Agency HR Manager or Designee

I hereby certify that, to the best of my knowledge, the information provided above is true and accurate.

Name of HR Manager or ASO Supervisor (*)

Signature _____ Date: _____

(*) If the ASO and the HR Manager are the same individual, their Supervisor must sign as the HR Manager instead.

ASO Identification

Name _____

eMail Address _____

Role Title _____

Position Number _____

Work Address: _____

Work Phone Number: _____

ASO Signature _____ Date: _____

FOR DHRM USE ONLY

Received by (Print Name): _____

Role Title _____

Signature _____ Date: _____