

Locality Access Overview

Locality Access is designated for human resource and benefits professionals who are responsible for administration of business processes for their locality, and Employee Self-Service (ESS) users.

Cardinal Locality Access must be requested on the Cardinal Security Locality Access Form (Cardinal SE-LOCALITY-001) and submitted by the Virginia Department of Human Resource Management's (DHRM) Cardinal Security Officer (CSO) to the Cardinal.Security@doa.virginia.gov mailbox.

- Forms must be submitted to TLC@dhrm.virginia.gov before the CSO submits form to Cardinal Security.
- Forms will be returned to the CSO if information required is not complete or correct.
- Email notifications regarding the creation of new Cardinal Locality user accounts, and/or updates to those accounts, will be sent directly to the user and the CSO.

Requesting Locality Access

- In order to establish a Cardinal account, please retrieve the current version of the Cardinal Security Locality Access Form (Cardinal Form SE-LOCALITY-001) from the Cardinal Project website at <http://www.cardinalproject.virginia.gov/security>.
- The DHRM Cardinal Security Officer (CSO) submits the Cardinal Security Locality Access Form (Cardinal Form SE-LOCALITY-001) to the Cardinal Security Team at the following email address (cardinal.security@doa.virginia.gov) to have the account created.

To Add or Update Core User Access

1. Under **Security Action Requested**, select Add/Update Core user Access for users who need to be granted core roles or an update to an existing core user access.
2. Complete the Cardinal Security Locality Access Form, checking every role the user needs.
3. If you are submitting a form to delete a role, you will need to check every role the user needs currently needs and simply do not check the role you want deleted. **The Cardinal Security Team will remove all roles that are not checked on the form.**
4. When updating an existing core user's access, run the PT_SEC_USER_ROLES query to identify the user's current access using the following path: **Main Menu > Reporting Tools > Query > Query Viewer. Key in the user's Cardinal User ID.**
5. To view all of your Locality users, run the V_PT_SEC_ROLE_USERS query. This query will show users and the roles assigned. You can also put in criteria to confirm if an account has been locked.
6. Provide all required signatures – user, user's supervisor, DHRM/OHB and DHRM Cardinal Security Officer.
7. Once completed, the form should be submitted to TLC@dhrm.virginia.gov. The TLC/DHRM group will send form to the DHRM Cardinal Security Officer to review, sign and email to the Cardinal.Security@doa.virginia.gov mailbox.



Cardinal Form SE-LOCALITY-001 Instructions

- c. **Business Email Address** – Enter the user’s business email address (e.g., John.Doe@agency.virginia.gov)
- d. **Business Unit** – Default will be LOCAL
- e. **Department ID** – Enter your locality Department ID (e.g., 048205000-Danville Schools – 10-month, 048205001-Danville – 12 –month)
- f. **Employee ID** – Employee ID number is the 11-digit number assigned by Cardinal (e.g., 00123456700). You must enter the full 11-digit number on this form.
- g. **Cardinal User ID** – Needed for Existing Users.
 - Leave this field BLANK for New Contractor.
 - If you are unaware of the ID please run the V_PT_SEC_ROLE_USERS query. This query will show User ID, Dept. ID, Account Lock (yes or no), Business Unit, Oprid Description and security roles.
- h. **Check box if contract worker?** Check this box only if the user is a Contract Worker (e.g., without a Cardinal Employee ID).
- i. **Provide Supervisor Name and supervisor Employee ID Number for contract workers Only**
 - Supervisor’s Name (ex: Doe, John B.)
 - Supervisor’s Employee ID Number - Employee ID Number is an 11-digit number assigned by Cardinal (e.g., 00123456700). You must enter the full 11-digit number on this form.

3. HCM Benefits and Human Resources Section

HCM - Benefits and Human Resources

a. **HCM Benefit Roles** (check all roles requested)

| HCM Benefit Roles (check all roles requested) | |
|---|---|
| <input type="checkbox"/> Benefits Administrator | <input type="checkbox"/> HBO Benefits Support |
| <input type="checkbox"/> TLC Datasheet Benefits Admin | <input type="checkbox"/> TLC Datasheet Benefits Read Only |

b. **HCM Human Resources Roles** (check all roles requested)

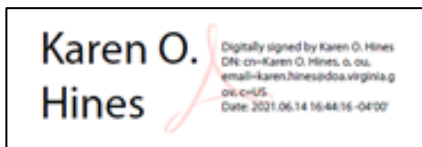
| HCM Human Resources Roles (check all roles requested) | |
|---|---|
| <input type="checkbox"/> HR Administrator | <input type="checkbox"/> HBO HR Administrator |
| <input type="checkbox"/> HR Read Only | |

4. Approvals (Required)

| Access Approvals | | | |
|---|----------------------|--|----------------------|
| By signing below, I acknowledge that I understand transactions added/updated in the Cardinal system should be in accordance with the Commonwealth Accounting Policy and Procedures Manual Cardinal Topics 20310 and Cardinal Topic 70220. | | By signing below, I certify that the Cardinal access requested for this user is necessary to perform his/her current job responsibilities. I also acknowledge this request is in accordance with the Commonwealth Accounting Policies and Procedures Manual Cardinal Topics 20310 and 70220. | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| User Printed Name | Date | Supervisor Printed Name | Date |
| <input type="text"/> | | <input type="text"/> | |
| User Signature (sign above) | | Supervisor Signature (sign above) | |
| I have reviewed this request for access and certify it is in accordance with the Commonwealth Accounting Policies and Procedures Manual Cardinal Topic 20310, Cardinal Topic 70220, and the Cardinal Security Handbook. | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| DHRM OHB Approver Printed Name | Date | Cardinal Security Officer Printed Name | Date |
| <input type="text"/> | | <input type="text"/> | |
| DHRM OHB Approver Signature (sign above) | | Cardinal Security Officer Signature (sign above) | |

- Certification Statement** – user’s printed name, signature and date.
- Certification Statement** – supervisor’s printed name, signature and date.
- Certification Statement** – DHRM OHB Approver printed name, signature and date
- Certification Statement** – DHRM Cardinal Security Officer (CSO) printed name, signature and date.
- Digital Signatures are allowed only if they include a system generated date stamp as show in example below:

Example of Digital Signature:



- We will accept email approvals from a user’s business email account in the event they cannot physically sign the form. The form must be attached with the email approval showing evidence that the form was transmitted from the user, supervisor, DHRM/OHB and CSO. The approver should state the following:
 - User** – *“Please accept this email as my approval of the attached form as the user.”*
 - Supervisor** – *“Please accept this email as my approval of the attached form as the supervisor.”*
 - DHRM/OHB Approver** – *“Please accept this email as my approval of the attached form as the DHRM/OHB Approver.”*
 - Cardinal Security Officer** – *“Please accept this email as my approval of the attached form as the Cardinal Security Officer.”*

5. Comments/Notes Section (Optional)

| Comments/Notes |
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| |

- a. Area for any additional information