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EMPLOYER SELF SERVICE SECURITY ADMINISTRATOR AUTHORIZATION

Each participating Employer must designate a Security Administrator to oversee the MainePERS Employer Self Service portal ("E.S.S."). The Security Administrator must be designated by an authorized person.

The Security Administrator acknowledges and accepts responsibility for:

1. Limiting E.S.S. portal use to individuals who have job duties that require access to the system and/or data.
2. Ensuring that information obtained from the E.S.S. portal is used only for authorized business purposes by taking steps to monitor use of the system to prevent unauthorized use.
3. Creating credentials unique to each employee who is authorized to use the E.S.S. portal.
4. Deleting access credentials of employees no longer authorized or who terminate employment.
5. Regularly evaluating active user accounts to verify the need for ongoing access.
6. Being MainePERS point-of-contact regarding information security at your organization, including:
 - Notifying MainePERS upon discovery of any suspected compromise of your data security.
 - Providing reasonable assurance that your organization maintains a secure technology environment by using up-to-date hardware and software that do not pose known data security risks.
7. Before issuing E.S.S. user credentials, providing the individual with instructions regarding E.S.S. security obligations that have been communicated by MainePERS.

Requested Action: Create E.S.S. Security Administrator Delete E.S.S. Security Administrator

Employer Self Service Security Administrator			
Employer Name:	Employer EIN (tax ID):	Employer Number:	Administrator's Last Name:
Administrator's Employer Mailing Address:			Administrator's First Name:
			Administrator's E-mail Address:
			Administrator's Telephone:
<i>By signing this form, I acknowledge and accept the duties and responsibilities listed above and agree to comply with applicable security requirements communicated by MainePERS.</i>			
Employer Self Service (E.S.S.) Security Administrator Signature			Date

Employer Authorization	
<i>The individual authorizing the addition or deletion of the Employer Self Service Security Administrator for your organization cannot be the same person as the above-named Security Administrator.</i>	
Name (printed): _____	Title/Position: _____
Approving Signature: _____	Date: _____