



NORTH CAROLINA

OFFICE OF THE STATE CONTROLLER

SEGREGATION OF DUTIES (SOD) RISK ACCEPTANCE FORM

SOD Risk Acceptance Form Procedures:

- Please submit one form per employee.
- Send to BEST@ncosc.gov. Please do not send directly to the HR/Payroll ERP System Security Team.
- Save the form using the following naming convention: SOD_[first initial]_[last name]_[agency]_[date].
- Example: SOD_j_doe_osc_022326.doc
- Forms will only be accepted by BEST if signed by the Agency Head or designee whose name appears in our list of SOD Risk Acceptance Form Approvers.
- Removal of one or more of the SOD roles can be accomplished by having the Agency data owner submit a completed HR/Payroll ERP System Security Change Request.

Note: During the regular Security Request Process, the System will determine if an SOD conflict exists. If an SOD form is required, the Security Request will be placed on “Hold” until a signed form is submitted to BEST@ncosc.gov.

Segregation of Duties (SOD) Risk Acceptance Form

This form is being completed to document that there is a true business need for the following user to have two or more SAP security roles that cause an SOD (Segregation of Duties) conflict.

I approve for the following user to have the segregation of duty conflict(s) marked below:

Employee Name	Position #	Position Name	PERNR # (include leading zeros)

Role Conflicts	Mark SOD Conflict for user
HR Master Data Maintainer with Payroll Administrator	
HR Master Data Approver with HR Master Data Maintainer	
HR Master Data Approver with Position Funding Approver	
HR Master Data Maintainer with Position Funding Approver	

Completion of this form indicates that I am aware of the risks associated with these SOD conflicts, and that my agency has established and documented a compensating control process within our business processes.

Approver's Signature _____

Approver's Printed Name _____

Date Signed _____