

## Segregation of Duties (SOD) Risk Acceptance

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SOD Risk Acceptance Form Procedures:

- Please submit one form per employee.
- Send to [BEST@ncosc.gov](mailto: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](mailto:BEST@ncosc.gov).

## Segregation of Duties (SOD) Risk Acceptance

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
<b>HR Master Data Maintainer with Payroll Administrator</b>	<input type="checkbox"/>
<b>HR Master Data Approver with HR Master Data Maintainer</b>	<input type="checkbox"/>
<b>HR Master Data Approver with Position Funding Approver</b>	<input type="checkbox"/>
<b>HR Master Data Maintainer with Position Funding Approver</b>	<input type="checkbox"/>

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** \_\_\_\_\_