

**DEPARTMENT KEY STATE FINANCE LAW
COMPLIANCE RESPONSIBILITIES
UPDATE FORM**

Forward completed forms to:
Office of the Comptroller
Operations Bureau (Attn: Elizabeth Hemond)
One Ashburton Place, Room 901
Boston, Massachusetts 02108

Please check all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Department Head | <input type="checkbox"/> Internal Control Officer | <input type="checkbox"/> GAAP Liaison |
| <input type="checkbox"/> Chief Fiscal Officer | <input type="checkbox"/> Payroll Director | <input type="checkbox"/> Single Audit Liaison |
| <input type="checkbox"/> General Counsel | <input type="checkbox"/> MMARS Liaison | |
| <input type="checkbox"/> Transformation (BEST) Liaison | <input type="checkbox"/> Transformation (BEST) Technical Point of Contact | |

Individual's Name: _____

Title: _____

Department: _____

Department MMARS Alpha Code (3 digit): _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Email Address: _____

To designate Security Officers, please complete Designation of Department Security Officer Form.

<http://www.macomptroller.info/comptroller/docs/forms/security/designation-form.doc>

Signature: _____ Date: _____
Department Head

Print Name: _____
Department Head

Appointments must be made directly by Department Head (not a designee). These roles cannot be made to contractors, contract employees, non-employees or employees of another department, and should not be shared among multiple departments **Use a separate form for each individual.**