

**Mississippi Management and Reporting System
FMVIEW Agency Run Payroll Print Declaration**

Agency Name: _____

All **agency run payrolls** (preliminary/final for regular, supplemental, and travel) are or will be automatically sent to FMVIEW. All reports generated by these agency run payroll jobs can also be set up to automatically print at the user's designated printer, if requested.

By completing and signing this form, you are authorizing MMRS to send the print for agency run payrolls to the printer currently set up to print your agency's SPAHRS payroll reports.

PLEASE NOTE: Signing and submitting this form only affects reports created in agency run payroll jobs and **does not** change any current OFM process related to processing payrolls.

If your agency runs payrolls for multiple SPAHRS agency numbers and wants to print the payroll reports for all of the agency numbers, all SPAHRS agency numbers **MUST** be listed below. Otherwise, list only those agency numbers for which you want to automatically receive print from agency run payrolls.

SPAHRS Agency Number(s): _____

Check the type(s) of agency run payrolls below that you want to automatically print.

Agency Run **Preliminary Regular** Payrolls: _____

Agency Run **Final Regular** Payrolls: _____

Agency Run **Preliminary Supplemental** Payrolls: _____

Agency Run **Final Supplemental** Payrolls: _____

Agency Run **Preliminary Travel** Payrolls: _____

Agency Run **Final Travel** Payrolls: _____

****I am aware of, and have read the DFA Policy for Treatment of Social Security Numbers (SSNs) on the MMRS website at www.dfa.ms.gov/mrms/ and agree to accept responsibility for receipt of any reports containing Social Security Numbers and for securing these reports. I also agree to abide by any amendments to this policy posted by DFA, as necessary via this website, to ensure the privacy and confidentiality of SSN information as required by law.**

I also understand that it is the responsibility of the agency to ensure the privacy and confidentiality of **all** information contained in these reports.

Authorized SPAHRS FMVIEW Security Contact	
NAME (Please Print):	PHONE:
**SIGNATURE:	DATE:

<p>For MMRS Use Only:</p> <p>Process Date: _____</p> <p>By: _____</p>	<p>Send to:</p> <p>Department of Finance and Administration / MMRS Robert Clark Building 301 North Lamar Street, Suite 400 Jackson, MS 39201 Fax: (601) 359-6551 Email: MASH@dfa.ms.gov</p>
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