**KEY STATE FINANCE LAW COMPLIANCE ROLES AND RESPONSIBILITIES UPDATE FORM**

**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.** Forward completed forms to: Elizabeth Hemond via email at elizabeth.hemond@mass.gov

**Please check all that apply**:

[ ]  Department Head [ ]  Internal Control Officer [ ]  GAAP Liaison

[ ]  Chief Fiscal Officer [ ]  Payroll Director [ ]  Single Audit Liaison

[ ]  General Counsel [ ]  MMARS Liaison

[ ]  Transformation (BEST) Liaison [ ]  Transformation (BEST) Technical Point of Contact

**Individual’s Name**:

**Title**:

**Department**:

**Department MMARS Alpha Code (3 digit):**

**Address**:

**City/State/Zip**:

**Phone**:

**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**](http://www.macomptroller.info/comptroller/docs/forms/security/designation-form.doc)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head