**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](mailto: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