

## GED Change Request Form

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

To: OSC NCAS Helpdesk  
Statewide Accounting  
Office of the State Controller  
Phone #: (919) 707-0795  
Fax #: (919) 981-5561  
Email: osc.support.services@osc.nc.gov

From: \_\_\_\_\_  
Name  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Agency  
\_\_\_\_\_  
Phone

\_\_\_\_\_ authorizes the OSC Helpdesk to  
(Agency Name)  
temporarily change the General Ledger Effective Date (GED) policy screen to allow posting back to  
\_\_\_\_\_ for pay entity (XXPT) \_\_\_\_\_. We request this change for the following reason:  
(date)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disclaimer:** Our agency understands that extensions of the GED policy screen may result in improper monthly/yearly closeout periods. It is the responsibility of the individuals signing this form to make sure that the agency controllers, fiscal officers, AP supervisors, and other pertinent personnel are aware that this request has been made. Our agency accepts responsibility for any audit exceptions or other changes to its accounting records that may result from the processing of this request.

Signature: \_\_\_\_\_  
Title: \_\_\_\_\_  
Specify Date and Time  
Changes Needed: \_\_\_\_\_  
Date Requested: \_\_\_\_\_

### FOR OSC USE ONLY

This change authorization form was received by:  
Helpdesk Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_  
Time changed and agency notified: \_\_\_\_\_  
Agency Personnel notified: \_\_\_\_\_  
Time changed back: \_\_\_\_\_