



STATE OF ILLINOIS
COMPTROLLER
JUDY BAAR TOPINKA

ACCOUNTING BULLETIN

TO: Fiscal Officers of All State Agencies

FROM: Steven L. Valasek, Assistant Comptroller - Operations

DATE: January 19, 2012

SUBJECT: Direct Deposit Hardship Inquiry Screen and File

NUMBER: 177

The Illinois Office of the Comptroller (IOC) has finalized the system changes required to implement the Hardship Inquiry Screen (HSIS) pursuant to Public Act 97-0348. Agencies can now use this SAMS screen (or a SAMS file) to identify if a specific vendor or State employee has an approved hardship on the IOC database.

The primary key to access the screen is the vendor or State employee's Taxpayer Identification Number (hereafter called a "vendor number"). When an agency inquires on a vendor number and the system identifies an approved hardship on our system, the screen will display the following information and disclaimer:

VENDOR/SSN: *****1234
VENDOR NAME: JOHN SMITH
REASON: U

DISCLAIMER:

AS OF 01/01/12 AT 11:30 THE OFFICE OF THE COMPTROLLER HAS AN APPROVED RECORD ON THE HARDSHIP FILE FOR VENDOR NUMBER ***1234. PLEASE BE ADVISED THAT OUR SYSTEM ONLY CONTAINS RECORDS THAT HAVE BEEN APPROVED. AN APPROVED RECORD INDICATES THAT THE VENDOR WILL NOT RECEIVE A HARD COPY FEE.**

The reason code identified on the screen is for informational purposes only. The descriptions of the codes are in the following table:

Code	Description
H	Hardship
U	Union
J	Judicial
L	Legislative
S	Special

When an agency inquires on a vendor number and the system does not identify an approved hardship on our system, the screen will display the following information and disclaimer:

VENDOR/SSN: *****1234
VENDOR NAME: *
REASON:

DISCLAIMER:

AS OF 01/01/12 AT 11:30 THE OFFICE OF THE COMPTROLLER DOES NOT HAVE AN APPROVED RECORD ON THE HARDSHIP FILE FOR VENDOR NUMBER ***1234. PLEASE BE ADVISED THAT OUR SYSTEM ONLY CONTAINS RECORDS THAT HAVE BEEN APPROVED.**

If a vendor or employee's petition is pending, there will be no information on the database. In the case of payroll, if the state employee's petition is approved between the time the agency processed the payroll and the time the employee is paid, the agency can request a refund of the processing fee from the IOC.

The inquiry screens will be available January 19, 2012, during normal SAMS hours – 8:00 AM to 5:00 PM each State work day. The information on this screen is confidential, therefore, only authorized personnel can access the HSIS screen. To apply for authorization, please fill out the attached "Request for Access to the Hardship Inquiry Screen", have the appropriate signatures applied, and submit the form to the IOC Security Administrator at 325 West Adams, Springfield, Illinois 62704-1871.

Below are instructions for using the screen.

Sign on to the System:

- Step 1:** Sign on to the Office of the Comptroller mainframe through the appropriate software interface.
- Step 2:** Type **CICIOCP1**; press **TRANSMIT** (TRANSMIT refers to the key programmed on your PC to submit information, usually the ENTER key or the right CONTROL key.)
- Step 3:** Type your **USERID** and **PASSWORD**; press **TRANSMIT**
- Step 4:** Type an "x" in front of **HSIS (HARDSHIP INQUIRY)**; press **TRANSMIT**

Search:

- Step 1:** Press the clear (**F2** function) key before entering a new vendor number.
- Step 2:** Enter the vendor number you wish to inquire on; press the inquire (**F5** function) key

Sign Off of the System:

- Step 1:** Press the exit (**F3** function) key. You will return to the IOC Main Menu (**IOCM**).
- Step 2:** Press the sign-off (**F12** function) key.

The IOC has also developed a file with the information that is included on the screen for approved hardship petitions. The IOC has made this available to CMS for distribution to authorized agencies. For authorization to the file, please fill out the attached "Request for Access to the Hardship Inquiry File", have the appropriate signatures applied, and submit the form to the IOC Security Administrator at 325 West Adams, Springfield, Illinois 62704-1871. Once approved by the IOC, we will forward a copy of the form to CMS. A copy of the file layout is attached.

IT IS VERY IMPORTANT TO NOTE THE INFORMATION THAT IS CONTAINED ON THE SYSTEM AND ON THE FILE IS CONFIDENTIAL AND IS PROTECTED BY LAW.

If you have any questions pertaining to this bulletin, please contact our System Administration Department at 217- 524-5387. Agencies may access this and other Accounting, SAMS, and Payroll Bulletins on the Comptroller's website at www.ioc.state.il.us under Resource Library.



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Request for Access to the Hardship Inquiry File

In order for the _____ (Agency Name), to perform its official duties pursuant to 15 ILCS 405/9.03(d), I am requesting access to the Hardship Inquiry File.

I acknowledge that all information on this file is confidential in nature and cannot be used for any purpose other than authorized by 15 ILCS 405/9.03(d).

I agree that we will build in sufficient system controls and associated policies/procedures to ensure that employees of the above named entity shall not disclose or divulge to others any confidential information in regards to vendor hardship status. Our policies/procedures will state that any such violation by an employee, during or at any time after termination of their employment, shall be grounds for progressive discipline, discharge, and/or criminal charges. Further, the policies/procedures will also state that employees, upon termination of employment, shall not retain copies, notes or abstracts of the foregoing.

Agency Contact Name: _____
Title: _____
E-mail Address: _____
Phone Number: _____

Agency Head Signature: _____
Date: _____

IOC Approval: _____
Date: _____

Please forward the completed form to: IOC Security Administration, 325 West Adams, Springfield, Illinois 62704-1871



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Employee Name: _____
Title: _____
SAMS ID#: _____
Employee Signature: _____
Date: _____
E-mail Address: _____
Phone Number: _____

Agency Head Signature: _____
Date: _____

IOC Approval: _____
Date: _____

Please forward the completed form to: IOC Security Administration, 325 West Adams, Springfield, Illinois 62704-1871

FILE LAYOUT

FILE ID **FILE NAME**
HARDSHIP Hardship file

DATA NAME	FROM	THRU	SIZE	PICTURE	USAGE	COMMENTS
Type	1	1	1	X	AN	S=SSN /FEIN P=Paycode A=Agency O=Agency/Org
Number						
Social Security Number/FEIN	2	10	9	X(9)	N	
Agency	2	4	3	X(3)	N	
Zero Fill Agency	5	10	6	X(6)	N	
Paycode	2	6	5	X(5)	N	
Zero Fill Paycode	7	10	4	X(4)	N	
Agency/Org	2	6	5	X(5)	N	
Zero Fill Agy/Org	7	10	4	X(4)	N	
Name	11	50	40	X(40)	AN	
Reason	51	51	1	X	AN	H=Hardship U=Union J=Judicial L=Legislative S=Special
Info	52	91	40	X(40)	AN	
Entry Date	92	97	6	9(6)	N	
User ID	98	105	8	X(8)	AN	
Last Used	106	111	6	9(6)	N	
IOC Area	112	131	20	X(20)	AN	
Filler	132	160	29	X(29)	AN	