STATE OF CALIFORNIA, NATURAL RESOURCES AGENCY
DEPARTMENT OF FORESTRY AND FIRE PROTECTION
CALATERS GLOBAL AUTHORIZATION FORM
AO-449 (REV. 03/24)

Page **1** of **3**

CALATERS GLOBAL AUTHORIZATION FORM

POLICY

The California Automated Travel Expense Reimbursement System (CalATERS) Global Authorization (AO-449) form must be signed and submitted to the Department of Forestry and Fire Protection (CAL FIRE), Departmental Accounting Office's (DAO) Travel Unit prior to obtaining access to CalATERS Global. Upon agreeing to the following requirements, the DAO-Travel Unit will email system users their user ID and password after the new user registration process has been completed with the State Controller's Office (SCO). The email will include additional registration steps to be completed by the user.

- When using CalATERS Global, I authorize the State to take my requested action by an automated means, and I authorize the State to accept the combination of my user ID and password in lieu of my written signature.
- My password is unique to me and is to remain confidential. I will not allow other individuals to use my user ID and password to access CalATERS Global.
- It is my responsibility to maintain and update residence and headquarters addresses in my CalATERS Global profile and to submit coding corrections via the CalATERS Global Table Maintenance Request (AO-448) as needed.
- It is my responsibility to review and understand the California Department of Human Resources (CalHR) and CAL FIRE travel rules and regulations in compliance with my bargaining unit language prior to travel.
- It is my responsibility to maintain the confidentiality of CalATERS Global information.
- My access to CalATERS Global can be revoked at any time by the State.

CHECK ONE OF THE FOLLOWING: ☐ **Add** ☐ **Change** ☐ **Delete**

Employee Full Name (first, middle, last)

Business Unit	Phone Number ( ) ext.

PLEASE CHECK ALL THE ROLES THAT APPLY TO YOU

☐ **Employee** – I have been authorized by my department to submit travel advance and/or expense reimbursement forms. Claims will be a true statement of the amount necessary to defray expenses and/or the amount of actual expenses incurred by me while in the service of the State and will be in accordance with the CalHR and CAL FIRE rules and regulations.

☐ **Employee Who Assigns "Submitter"** – I have been authorized by my department to assign a "submitter" to submit travel advance and/or expense reimbursement forms on my behalf. Claims will be a true statement of the amount necessary to defray expenses and/or the amount of actual expenses incurred by me while in the service of the State and will be in accordance with CalHR and CAL FIRE rules and regulations. When assigning a "submitter" I am responsible for verifying the expenses and amounts being claimed on my behalf.

☐ **Approver** – I have been authorized by my department to approve travel advance and expense reimbursement forms for employees within my area of responsibility. Each travel advance and/or expense reimbursement request I approve will involve the amount necessary to defray expenses incurred while conducting official State business and will be in keeping with CalHR and CAL FIRE rules and regulations.

STATE OF CALIFORNIA, NATURAL RESOURCES AGENCY
DEPARTMENT OF FORESTRY AND FIRE PROTECTION
CalATERS Global Authorization Form
AO-449 (REV. 03/24)

Page **2** of **3**

THE ROLES BELOW ARE FOR EMPLOYEES WITH PRIVILEGES

☐ **Prepare For** – I have been authorized by my department to prepare travel advance and expense reimbursement forms on behalf of specific department employees. Travel advance and/or expense reimbursement forms will be consistent with travel advance and expense reimbursement information received from employees. Note: The authority for the "preparer" privilege is assigned by the employee who selects another employee to create claims on their behalf.

☐ **Submit For** – I have been authorized by my department to submit travel advance and expense reimbursement forms on behalf of specific department employees. Travel advance and/or expense reimbursement forms will be consistent with the completed and <u>signed</u> travel advance and expense reimbursement information received from employees. Note: The authority for the "submitter" privilege is assigned by the employee who selects another employee to create and submit claims on their behalf.

THE ROLES BELOW ARE FOR DAO STAFF ONLY

☐ **Work Pool** – I have been authorized by my department to access the CalATERS Global work pool to process travel advance and expense reimbursement forms. Each travel advance and/or expense reimbursement form I approve will involve the amount necessary to defray expenses incurred while conducting official State business and will be in keeping with CalHR and CAL FIRE rules and regulations.

☐ **Travel Advance Administration** – I have been authorized by my department to access Travel Advance Administration to process travel advances, update travel advances with payment information, and clear travel advances.

☐ **Logon As** – I have been authorized by my department to utilize the Logon As Read/Write privilege to assist department staff with their CalATERS Global questions or problems.

☐ **Reports** – I have been authorized to access the CalATERS Global Reporting system.

CERTIFICATION

I hereby certify that I have read and understand the above requirements for accessing and using CalATERS Global.

Employee Name / Title (Print)	Employee Signature	Date

I approve the request to submit AO-449 to DAO to set up the CalATERS Global.

Supervisor's Name / Title (Print)	Supervisor's Signature	Date

Send AO-449 with the AO-448 form (if needed) to CalATERSHelpDesk@fire.ca.gov or mail to: Department of Forestry and Fire Protection, Departmental Accounting Office, ATTN: Travel Unit, P.O. Box 944246, Sacramento, CA 94244-2460

FOR DAO–TRAVEL UNIT USE ONLY

I hereby certify the creation of the CalATERS account.

Processor's Name / Title (Print)	Processor's Signature	Date

User ID Created for Employee – *up to first 4 letters of last name plus last 4 digits of SSN (e.g., ROBE1234, LEE1234.)*	

STATE OF CALIFORNIA, NATURAL RESOURCES AGENCY
DEPARTMENT OF FORESTRY AND FIRE PROTECTION
CalATERS Global Authorization Form
AO-449 (REV. 03/24)

Page **3** of **3**

Personal Information Notice

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6 of the Information Practice Act of 1977 (Civil Code Section 1798.24). Each individual has the right, upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries to mailto:calfire.cpo@fire.ca.gov.