



DEPARTMENT OF ADMINISTRATION
Guam Financial Management Information System (GFMIS)
USER SECURITY ACCESS REQUEST



To: Director of Administration
 From: _____
 Subject: **GFMIS User Security Access Request**

Check One: New user Delete user Additional Access

Name _____
 Last, _____ First (No Nicknames) _____ M.I. _____

Department: _____ **Division:** _____

Job Title: _____ **Employee ID No.:** _____

Email (primary): _____ **Active Directory ID:** _____

Employment Type: Full-time/Permanent Limited Term/Temporary Contractor

Please check **ONE User Category** and applicable Sub-Category(ies):

- | | |
|---|---|
| <input type="checkbox"/> DOA Accounting/Treasury User
<input type="checkbox"/> Accounts Payable
<input type="checkbox"/> Accounts Receivable
<input type="checkbox"/> Budgeting (information only)
<input type="checkbox"/> Cash and Banking
<input type="checkbox"/> Federal Grants
<input type="checkbox"/> Fixed Assets
<input type="checkbox"/> General Ledger
<input type="checkbox"/> Payroll <input type="checkbox"/> Technician <input type="checkbox"/> Timekeeper

<input type="checkbox"/> Data Warehouse (browse)

<input type="checkbox"/> Business Information Development System (BIDS) – BBMR
<i>Note: Access primarily for Certifying Officers</i> | <input type="checkbox"/> Human Resources User (detail reason for access below)

<input type="checkbox"/> Customs and Quarantine User
<i>Location:</i> _____

<input type="checkbox"/> External User (detail reason for access below)

<i>Reason for access request (in detail):</i>

_____ |
|---|---|

Conditions and Acceptance of User ID and Password by Employee:

The User ID is authorized for the employee's exclusive use and is Government property. Employee's password must be safeguarded and protected from unauthorized persons. Use of the User ID/Password by other than the employee is an unauthorized use and could be prosecuted under Guam law. ***IMPORTANT: USERS WILL BE DISABLED IF INACTIVE 30 DAYS OR MORE WITHOUT PRIOR NOTIFICATION***

Employee Acceptance of Agreement: _____

Requestor's Department/Agency Head: _____
 Print Name/Title: _____

<input type="checkbox"/> Approved <input type="checkbox"/> N/A	<input type="checkbox"/> Approved <input type="checkbox"/> N/A	<input type="checkbox"/> Approved <input type="checkbox"/> N/A	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Chief Financial Officer	HR Administrator	Chief Payroll Officer	Director of Administration

Department Of Administration (DOA) USE ONLY. This form has been routed to the following for their records:

Requesting Agency Office of Technology GSA HR Payroll BBMR