R	DEPARTMENT OF ADMINISTRATION Guam Financial Management Information System (GFMIS) USER SECURITY ACCESS REQUEST								
То:	Director of Administration								
From:									
Subject:	GFMIS User Security Access Request								
Check One:	New user	elete user	Additional Access						
Name									
Last,		First (No Nich	rst (No Nicknames) M.I.						
Department:		Division:							
Job Title:		Employee ID No.:							
Email (primary):			Active Directory ID: pre-requisite, contact 0Tech						
Employment Ty	vpe: Full-time/Permanent	Limited Tern	rm/Temporary Contractor						
Please check Us	ser Category and applicable Sub-Catego	ry(ies):							
	punting/Treasury User (DOA staff only) ts Payable		Human Resources User (detail reason for act Online Application also required	cess below)					
	ts Receivable	Customs and Quarantine User							
	ng (information only)		Location:						
Federal	d Banking Grants		External User (detail reason for access below)						
Fixed As	ssets		,						
General	l Ledger		Reason for access request (in detail):						
	ehouse (browse) ation also required	_							
Business II	nformation Development System (BIDS) – BB	MR //	Important: Approvals will be in compliance with DOA						
Note: Access	s primarily for Certifying Officers ation also required	C	Organizational Circulars #2019-032, #2022-005, #2022-019 and #2022-026						

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: ______

	□n/A	Approved	□n/A	Approved	□n/A	Approved	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

https://doa.guam.gov/