



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



To: Director of Administration via: GFMS.Access@doa.guam.gov
From: _____
Subject: **GFMS 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: _____
pre-requisite, contact OTech

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

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

<input type="checkbox"/> DOA Accounting/Treasury User <i>(DOA staff only)</i> <input type="checkbox"/> Accounts Payable <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> Budgeting <i>(information only)</i> <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"/> Human Resources User <i>(detail reason for access below)</i> <i>Online Application also required</i> <input type="checkbox"/> Customs and Quarantine User <i>Location:</i> _____ <input type="checkbox"/> External User <i>(detail reason for access below)</i> <i>Reason for access request (in detail):</i> _____ _____ _____
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 Data Warehouse *(browse)*
Online Application also required

 Business Information Development System (BIDS) – BBMR
Note: Access primarily for Certifying Officers
Online Application also required

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