



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



To: Director of Administration via: GFMIS.Access@doa.guam.gov

From: _____ Request Date: _____

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.:** _____ **Phone No.:** _____

Email (primary): _____ **Active Directory ID:** _____
Required, contact OTech

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

Please check **User Category** and applicable Sub-Category:

Human Resources User (detail reason in "Additional Reason(s)")

Federal Grants User Online Application required

Customs and Quarantine User
Location: _____

Data Warehouse (DW) Online Application required

Payroll Timekeeper Supervisor Timekeeper

ExFlow (Data Entry – Purchase Order Invoices or Contract Invoices)

External User (detail reason in "Additional Reason(s)")

Business Information Development System (BIDS)
Note: Primarily for Certifying Officers Online Application required

(DOA staff only)

DOA Accounting/Treasury User

- Accounts Payable
- Accounts Receivable
- Cash and Banking
- Financial Reports
- Fixed Assets
- General Ledger
- Treasury Automation Suite

Additional Reason(s) for access request (in detail):

IMPORTANT: Approvals comply with DOA 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: _____

<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