

**USERID REQUEST FORM
FOR FMIS SYSTEM**

DATE: _____

DIRECTOR/MANAGER

NAME: _____

PHONE#: _____

JOB TITLE: _____

ASSIGN USERID TO (USER): _____

PHONE#: _____

PURPOSE: _____

Confirmation Question: _____

Answer: _____

Example: What school did I attend

Douglass High School

The following guidelines are established by the Office of Finance for all FMIS System Users.

As a system user, it is your responsibility to ensure:

1. The confidentiality of your password.
2. That the userid will be used for **OFFICAL BUSINESS ONLY**.
3. That proper care will be exercised to protect all assets while performing your duties. **I ACCEPT THE RESPONSIBILITIES DESCRIBED ABOVE.**

Signature of User

I CERTIFY AND APPROVE THE ABOVE REQUEST.

Signature of Manager/Director and Phone Number

Configuration Management:

BCAC Management Approval: _____

Security Administrator Approval: _____

USERID ASSIGNED: _____

Any Questions **CONTACT:** Wendy Gray 202-501-0642/**HOTLINE:** 202-501-2999
Upon completion of Form fax to 202-501-2913 Attn: Wendy Gray