

USERID REQUEST FORM
FOR FMIS SYSTEM

DATE: _____

DIRECTOR/MANAGER

NAME: _____

PHONE#: _____

JOB TITLE: _____

ASSIGN USERID TO (USER): _____

PHONE#: _____

PURPOSE: _____

Conformation Question: _____

Answer: _____

Example: What school did I attend

Westport 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

EMPLOYEE: By forwarding this form to my supervisor, I acknowledge that I understand and accept the responsibilities described above.

SUPERVISOR: The forwarding of this form to the Network Administrator/System Security Officer signifies my approval of the above request. By approving this request, I certify this employee needs this access in order to accomplish the tasks required by his/her position.

Configuration Management:
BCAC Management Approval:_____

Security Administrator Approval: _____

USERID ASSIGNED: _____

Upon completion of form, please scan and email to OCFOServiceDesk@gsa.gov or Fax to 717.217.1201

Any questions, please contact the OCFO Service Desk at 866-450-6588.