**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**

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**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**](mailto:OCFOServiceDesk@gsa.gov) **or Fax to 717.217.1201**

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