Reset

Print Form

DEPARTMENT OF FINANCE
DFMS SECURITY CODE REQUEST FORM

DEPARTMENT NAME: _____ AGENCY NAME: _____

EMPLOYEE NAME: last _____ first _____ m. _____

EMPLOYEE ID # : _____ ACF2 LOGON ID# _____

Choose one: ADD_____ MODIFY_____ DELETE_____

SECURITY PROFILE

SECURITY GROUP	ORGANIZATION (S) AUTHORIZED FOR	SCAN	DATA ENTRY	APPROVAL
INQ – includes all PMTI tables, scanning only		X		
BDGT – TA, EB, RB documents				
ACTG – PO, EA, PV, EX, MW documents				
AGTR – CA, CR documents				
GRNT – FM, FC documents				
ACIV – IV documents				
SCHL – school board tables				
FAM – fixed assets tables & documents				
GAP1 – GMEN tables				
TBLS – SVEN & TN99 tables				

MOBIUS ACCESS ◯ **YES OR** ◯ **NO**

DATE: ____/____/____ **EMPLOYEE'S SIGNATURE:** _____

INFORMATION SECURITY OFFICER: _____

(PLEASE PRINT OR TYPE)

DATE: _____/_____/_____ **SIGNATURE OF ISO**: _____

Please return this form to: Jackie Keel
Division of Accounting
820 Silver Lake Blvd Ste 200
Dover, DE 19904
SLC # D570C
Phone #: 672-5512 Fax # 736-7905

(Revised 11/11)