State of Oklahoma
Office of Management and Enterprise Services

System Access Authorization Request
(Financials - ePro)

Requesting Agency Name/Number _____

Division/Department/Unit _____

Date _____

This request is for:

☐ Initial Set Up ☐ Additional Access ☐ Deletion of Access ☐ De-Activate ☐ Re-Activate

If this is to De-Activate, effective date of De-Activation _____

Name _____ Phone _____

Job Title _____ Employee ID# _____

Email address _____

I hereby authorize the above named individual access to the Oracle/PeopleSoft System with the security levels indicated until we send written notification that their access should be terminated. I certify that the user has received the training necessary to successfully perform all functions granted them.

Management has implemented procedures to provide segregation of critical application functionality to prevent or detect errors and irregularities, and acknowledges the risk associated with the lack of segregation of duties.

Requested by _____ Phone _____
          Signature of Agency Security Representative

Name & Title (Please print) _____

Please select from the following (See Instructions for Description):

eProcurement

                         Manager's Approval _____

☐ Accounting Validation
☐ Form 001 Req Approver* – Please list what Department Codes this person will be responsible for.
☐ Agency Buyer/CPO – Please list what Department Codes this person will be responsible for.
☐ Asset Manager – Please list what IT Asset Account numbers this person will be responsible for
☐ Non IT Asset Manager – Please list what Asset Account numbers this person will be responsible for
☐ Approver 1 – Please list the requisition requestor(s) you are the immediate Supervisor of.
☐ Approver 2 – Please list what Department Codes this person will be responsible for.
☐ Approver 3 – Please list what Department Codes this person will be responsible for.
☐ Approver 4 – Please list what Department Codes this person will be responsible for.
☐ Service Chief – Please list the "Approver 1"(s) you are the immediate Supervisor of.
☐ Financial Coordinator – Please list what Department Codes this person will be responsible for.
☐ IT Approver
☐ Division Manager – Please list what Sub Account Code this person will be responsible for.
☐ Comptroller – Please list what Fund Type this person will be responsible for (>$5,000.00).
☐ Fund Manager – Please list what Class Funding this person will be responsible for.
☐ Senior Buyer – Please list the Department Codes this person will be responsible for
          (>$5,000.00)
☐ ePro Ad Hoc Req Approver

* If Form 001 Req Approver is selected, a copy of DCS/Purchasing – Form 001 must be attached.

Routing Controls

If not selecting All, please list from and to or list individual Dept IDs/IT Asset Account Numbers

Form 1 Requisition Approver – Dept ID	
☐ All	OR
From	**To**

Approver 1 – List Requestor(s) you Supervise	
☐ All	OR
From	**To**

Agency Buyer/CPO – Dept ID	
☐ All	OR
From	To

Approver 2 – Dept ID	
☐ All	OR
From	**To**

Asset Manager – IT Asset Account Number	
☐ All	OR
From	**To**

Approver 3 – Dept ID and < Agency specified $ amount	
☐ All	OR
From	**To**

Non-IT Asset Manager – Asset Account Number	
☐ All	OR
From	**To**

Approver 4 – Dept ID and > Agency specified $ amount	
☐ All	OR
From	To

Financial Coordinator – Dept ID	
☐ All	OR
From	To

Service Chief / Supervisor II – List Approver 1(s) you Supervise	

Comptroller – Fund Type	
☐ All	OR
From	To

Division Manager – Sub Account	
☐ All	OR
From	To

Senior Buyer - Dept ID	
☐ All	OR
From	To

Fund Manager – Class Funding	
☐ All	OR
From	To

Security Agreement

The undersigned agrees to abide by the following:

1. Data originated or stored on State computer equipment is State property. Users will access only data which are required for their job. Users will not make or permit unauthorized use of any Oracle/PeopleSoft data. They will not seek personal or financial benefit or allow others to benefit personally or financially by knowledge of any data which has come to them by virtue of their work assignment.

2. Users will enter, change, and delete data only as authorized within their job responsibilities. They will not knowingly include or cause to be included in any record or report a false, inaccurate, or misleading entry, nor will they knowingly alter or expunge from any record or report, or cause to be altered or expunged, a true and proper entry.

3. Users will not release Oracle/PeopleSoft data except as required in the performance of their job or as directed in writing by their Appointing Authority.

4. Users are responsible for protecting their access authorization and must take steps to prevent others from using their User ID. Users will construct good passwords and manage them securely, keeping their passwords secret and not sharing them with others. If a user has reason to believe that others have learned his/her password, the user will change the password and notify the Help Desk of the situation. Users will not attempt to use the logons and passwords of others.

5. If a user finds that they have access to data they believe they are not authorized to view, they will exit from that data and report the problem to OMES Security.

6. I am aware of the responsibilities associated with access to the Oracle/PeopleSoft System and agree to abide by the OSF Information Security Policies and Procedures. I understand that according to Section 840-2.11 of Title 74 of the Oklahoma Statutes the home addresses, home telephone numbers, social security numbers, and information related to personal electronic communication devices of current and former state employees shall not be open to public inspection or disclosure without written permission from the current or former state employees or without an order from a court of competent jurisdiction.

Signature of User _____ Date _____

For OMES Use Only:

Processed By _____

Date _____

User Notified _____

Agency Security Representative Notified _____

Entered in CRM by _____

Date _____

Instructions for completing System Access Authorization Request (OMES FORM 301ePro).

Mark whether the request is to establish, de-activate or change a userid or type of access.

User Name, phone number, job title, employee ID# and email address: This is the person for which the userid or access is to be established. **(NOTE: The employee ID# is the number assigned to the employee on the Oracle/PeopleSoft System. It is NOT their SSN#. This field may be left blank at this time.)**

Requested by: The Designated Agency Security Representative must make the request. A State Agency Security Representative Designation Form (OMES FORM 300) must be on file with the PeopleSoft Security Administrator.

Descriptions

Accounting Validation – Validate Charfield values and edit when necessary.

Form 001 Req Approver – The person authorized for signature approval of the Requisition in each agency. Please attach a copy of DCS/Purchasing – Form 001 that has been filed with DCS.

Agency Buyer/CPO – The person responsible for procurement within each agency.

Asset Manager – For IT Agency asset purchases.

Approver 1 – Requisitions route to immediate Supervisor of the requisition requestor.

Approver 2 – Requisition routes to this person based on Department Codes.

Approver 3 – Approver of requisitions based on Department ID and/or under a specified Agency dollar amount.

Approver 4 – Approver of requisitions based on Department ID and over a specified Agency dollar amount.

Service Chief/Supervisor II – Requisitions route to immediate Supervisor of Approver 1.

Financial Coordinator – Requisitions route to this person based on Department Codes.

IT Approver – Requisitions route to this person based on IT/Telecom category codes.

Division Manager – Requisitions route to this person based on Sub Account Code.

Comptroller – Requisitions route to this person based on Fund Type and dollar amount greater than $5,000.00.

Fund Manager – Requisitions route to this person based on Class Funding.

Senior Buyer – Requisitions route to this person by Department Code and dollar amount greater than $5,000.00.

ePro Ad Hoc Req Approver – Can review/approve requisitions on an Ad Hoc basis.

Send completed form to: **OMES/ISD**
3115 N. Lincoln Blvd.
Oklahoma City, OK 73105
Attn: Security

If you have any questions concerning this form, please contact Caroline Rozek at 521-4609 or caroline.rozek@omes.ok.gov.