

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 C indicated until we send written notification that their access sho the training necessary to successfully perform all functions gra Management has implemented procedures to provide segrega detect errors and irregularities, and acknowledges the risk asso	build be terminated. I certify that the user has received nted them. tion of critical application functionality to prevent or ociated with the lack of segregation of duties.
Requested bySignature of Agency Security Representative	Phone
Name & Title (Please print)	
Please select from the following (See Instructions for Description	on):
eProcurement	
	val
<ul> <li>Accounting Validation</li> <li>Form 001 Req Approver* – Please list what Department Codes to Agency Buyer/CPO – Please list what Department Codes to Asset Manager – Please list what IT Asset Account number</li> <li>Non IT Asset Manager – Please list what Asset Account number</li> <li>Approver 1 – Please list the requisition requestor(s) you ar</li> <li>Approver 2 – Please list what Department Codes this personant and the personant of the prover 3 – Please list what Department Codes this personant and the personant of the personant o</li></ul>	this person will be responsible for. ers this person will be responsible for umbers this person will be responsible for e the immediate Supervisor of. on will be responsible for. on will be responsible for. immediate Supervisor of. s this person will be responsible for. es person will be responsible for. be responsible for (>\$5,000.00). on will be responsible for.

\* 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	То

Agency Buyer/CPO – Dept ID	
	OR
From	То

Asset Manager – IT Asset Account Number	
	OR
From	То

Non-IT Asset Manager – Asset Account Number	
	OR
From	То

Approver 1 – List Requestor(s) you Supervise	
From	То

Approver 1 – List Requestor(s) you Supervise	
	OR
From	То

Approver 2 – Dept ID	
	OR
From	То

Approver 3 – Dept ID and < Agency specified \$ amount	
	OR
From	То

Approver 4 – Dept ID and > Agency specified \$ amount	
	OR
From	То

Financial Coordinator – Dept ID		
	OR	
From	То	

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

Comptroller – Fund	Гуре
	OR
From	То

Division Manager – S	Sub Account
	OR
From	То

Division Manager – S	Sub Account
	OR
From	То

Senior Buyer - Dept	ID
	OR
From	То

Fund Manager – Cla	ass Funding
	OR
From	То

#### 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 <u>greater than</u> \$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 OMES Service Desk at 521-2444 or <u>servicedesk@omes.ok.gov</u>.