

# FINANCIAL SYSTEM SECURITY REQUEST FORM

## COFRS, Financial Data Warehouse, Document Direct

### EMPLOYEE INFORMATION

Name _____	Top Secret / Other ID _____
Position / Title _____	E-mail Address _____
Dept / Agency _____	Phone _____
Work Address _____	

For access from home, please contact COFRS Helpdesk at [COFRS.Helpdesk@state.co.us](mailto:COFRS.Helpdesk@state.co.us) to obtain a Security Variance Form.

For training on the Financial Data Warehouse, please e-mail [FDW.Training@state.co.us](mailto:FDW.Training@state.co.us). For training on COFRS and Document Direct, please e-mail [COFRS.Helpdesk@state.co.us](mailto:COFRS.Helpdesk@state.co.us).

### APPLICATION INFORMATION

New or a modification of existing access is requested for the following financial applications (mark with an 'X' all that apply).

**COFRS**
                 
  **Financial Data Warehouse**
                 
  **Document Direct**

Complete corresponding section(s) that follow only if access is requested for the application. If access is not requested for an application leave that section blank.

### COLORADO FINANCIAL REPORTING SYSTEM (COFRS)

<input type="checkbox"/> Statewide Access	<input type="checkbox"/> Department Access	<input type="checkbox"/> Agency Access **							
<input type="checkbox"/> Check to copy another COFRS ID profile.	If checked, please indicate the other user's name <input style="width: 50px;" type="text"/> , and user's ID <input style="width: 50px;" type="text"/> .								
	If not checked, please complete rows 6-21 below:								
	1	2	3	4	5	6	7	8	9
6 Security Group:									
7 Scan Action									
8 Approval Action									
9 Enter Action									
10 Correct Action									
11 Delete Action									
12 Schedule Action									
13 Edit Only Action									
14 Hold Action									
15 Queue Action									
16 Run Action									
17 For Whom Test Type									
18 Where Test Type									
19 Where Code									
20 Override									
21 Approvals									
** Please list requested multiple agencies to be added to the Whom Table for security groups marked for whom type (7). <input style="width: 50px;" type="text"/>									

## FINANCIAL DATA WAREHOUSE (FDW)

<input type="checkbox"/> Statewide Access	<input type="checkbox"/> Department Access	<input type="checkbox"/> Agency Access
For "Agency Access", list agency code(s): <input type="text"/>		

## DOCUMENT DIRECT (DD)

<input type="checkbox"/> Statewide Access	<input type="checkbox"/> Department Access	<input type="checkbox"/> Agency Access
For "Agency Access", list agency code(s): <input type="text"/>		
<input type="checkbox"/> Check to copy another DD ID profile.	If checked, please indicate the other user's name <input type="text"/> , and user's ID <input type="text"/> . If not checked, please list reports or requested subsystems (i.e. BDA, GNL, etc.) in rows 1-3 below:	
<b>Reports</b>		
1. <i>Financial</i>		
2. <i>Payroll</i> <i>(Reports starting w/DD)</i>		
3. <i>HR</i>		
4. <i>Billing</i>		
If specific password requested, please specify (8 characters): <input type="text"/>		

## SIGNATURE APPROVALS

<input type="checkbox"/> Check if the security profile fall outside of the standard Security Guidelines or includes multi-department access for any of the financial applications.	If checked, additional approval is required from the Office of the State Controller. Please attach a written statement from the controller justifying the need for deviation, including alternate control procedures. Obtain Employee Supervisor and Department Security Administrator signature and submit to your FAST representative.  If not checked, obtain only Employee Supervisor and Department Security Administrator signature below.	
<input type="checkbox"/> Check to indicate that the signed employee <u>Colorado Information Technology Services Computing Services Section Statement of Compliance</u> is on file internally within the Department/Agency.		
_____ Employee's Supervisor	_____ Date	_____ Phone
_____ Department Security Administrator (Controller)	_____ Date	_____ Phone
_____ Statewide Security Administrator (required for multi-department access)	_____ Date	_____ Phone
_____ State Controller (required for security profiles not within security guidelines)	_____ Date	_____ Phone

Please send completed forms to your department's security administrator. Contact either your FAST representative or the [cofrs.helpdesk@state.co.us](mailto:cofrs.helpdesk@state.co.us) with questions about completing or routing the form.