

FINANCIAL SYSTEM SECURITY REQUEST FORM

COFRS, Financial Data Warehouse, Document Direct

EMPLOYEE INFORMATION

| | |
|------------------------------|---------------------------------|
| Employee Name _____ | Top Secret / Other ID _____ |
| Position / Title _____ | Controller _____ |
| E-mail Address & Phone _____ | Controller E-mail & Phone _____ |
| Work Address _____ | |

For access from home, please contact the COFRS Service Desk at COFRSServiceDesk@state.co.us or the OIT Service Desk at ServiceDesk@state.co.us to obtain a Security Variance Form.

For training on the Financial Data Warehouse, please e-mail FDW.Training@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).

- | | | |
|---|---|---|
| <input type="checkbox"/> COFRS Add | <input type="checkbox"/> FDW Add | <input type="checkbox"/> Document Direct Add |
| <input type="checkbox"/> COFRS Modify | <input type="checkbox"/> FDW Modify | <input type="checkbox"/> Document Direct Modify |
| <input type="checkbox"/> COFRS Delete/Deactivate (circle one) | <input type="checkbox"/> FDW Delete/Deactivate (circle one) | <input type="checkbox"/> Document Direct Delete/Deactivate (circle one) |

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: 100px;" 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: | |
| Reports | | |
| 1. <i>Financial</i> | All | |
| 2. <i>Payroll</i> <i>(Reports starting w/DD)</i> | All | |
| 3. <i>HR</i> | All | |
| 4. <i>Billing</i> | All | |
| If specific password requested, please specify (8 characters): <input type="text"/> | | |

SIGNATURE APPROVALS

| | | |
|--|--|----------------|
| <input type="checkbox"/> Check if the security profile falls 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 COFRSServiceDesk@state.co.us with questions about completing or routing the form.