FMIS 6B Security Change Form

Phone: (928) 871-6337
Fax to FMIS Systems Office at (928) 871-7778
or email at support@nnooc.org;

Requestor: _____ **Date:** _____

Division: _____ **Phone No:** _____

Check Request Type:

New User _____ Remove User _____ Change User _____

JD Edwards User Information:

User ID _____ User Group _____

User Information:

First Name & Initial: _____	Last Name: _____
Title: _____	Phone No: _____
Department: _____	Email: _____
Location: _____	Manager: _____

Requirements for 6B Access for individual user:

1. Successfully training / passing Common Foundation and FMIS Inquiry ☐ Yes ☐ No

2. Successfully training / passing the 6B Functional Training;

Module	Initials OOC Finance Reviewer	Role		
• Accounts Payable	_____	_____	☐ Yes	☐ No
• Procurement	_____	_____	☐ Yes	☐ No

Request for access will be granted if the above requirements apply and access granted to Functional area (Place an "X" beside the Functional Area/Access requested).

**By signing below, I (FMIS User) fully understand the access I am provided. I will not share my Log On information and Password with others and will comply with FMIS security standards.

FMIS User Signature:	Date:	Supervisor Signature:	Date:

For Office of the Controller Use ONLY

FMIS Manager Signature:	Date:	FMIS Technical Support Completion Signature:	Date: