



FMIS 6B Security Change Form

Phone: (928) 871-6337

Drop off at the FMIS Systems Office at
or email at ooe.fmissupportteam@navajo-nsn.gov

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Accounts Payable	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
• Procurement	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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: _____
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Supervisor Signature: _____	Date: _____
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For Office of the Controller Use ONLY

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