



# FMIS Security Change Form

Phone: (928) 871-6337

Drop off at the FMIS Systems Office  
or email to [oc.fmissupportteam@navajo-nsn.gov](mailto:oc.fmissupportteam@navajo-nsn.gov)

Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Division: \_\_\_\_\_ Phone No: \_\_\_\_\_

### Check Request Type:

New User \_\_\_\_\_ Remove User \_\_\_\_\_ Change User \_\_\_\_\_

### JD Edwards User Information: (if existing or your UPK User ID)

User ID \_\_\_\_\_ User Group \_\_\_\_\_

### User Information:

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

*Describe the access needed or to be changed. Describe what the user needs to do, e.g., inquiry on department budget. It is helpful to identify an existing user with similar access, e.g., same access as John Smith in Accounts Payable.*

*Passwords should be different and unique and can never be used for system, websites, etc, outside of the organization (such as personal email, bank, online retail, etc.). All passwords must meet the following requirements:*

*Passwords must be a minimum of 8 characters long*

*Passwords should not contain words found in the dictionary*

*Passwords must be complex, containing both upper and lower case letters, numbers and or special characters*

*Passwords should be changed every 90 days*

*Passwords cannot be reused*

**\*\*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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