USER SECURITY AUTHORIZATION REQUEST

Office of the Budget – Bureau of Management Information Systems

Instructions: *Submit one copy of completed form, approved by employee's Supervisor and Division Chief, Assistant Comptroller, Bureau Director or Site Security Coordinator to BMIS via fax or interoffice mail. The fax number is 772-0086; the interoffice address is: OB-BMIS, Health & Welfare Bldg, 7th Floor West. Questions concerning completion of the form should be directed to BMIS Customer Service at 783-1087.*

I. TYPE OF REQUEST   (please place an 'x' in all selections which apply to this request)

☐ ADD	☐ DELETE	☐ CHANGE	☐ OTHER
☐ User-New Hire	☐ User-Termination	☐ User Name	☐ Reset User Password
☐ User-Transfer In	☐ User-Transfer Out	☐ User Information	☐ Recertification
☐ User-New Duties	☐ User-Retirement	☐ Application Information	☐ Other (specify)
☐ User-Other (specify)	☐ User-New Duties	☐ Other (specify)	_____
_____	☐ Applications from User's Menus	_____	
☐ Applications to User's Menus			

II. USER INFORMATION   (please complete all information)

Employee Name _____ Employee ID # _____ Phone # _____ Fax # _____
(Last, first, middle initial)

Agency / Dept. Name _____ Bureau Name _____

Division Name _____ Section Name _____

Unit Name _____ Building _____ Fl./Rm. # _____

Existing CWOPA user ID (if any) _____ Effective Date for Request _____

III. APPLICATION INFORMATION   (please complete all information – including justification on reverse)

Indicate the requested additions / deletions / changes & complete justification on reverse:

Add	Delete	Application Name	Inquiry	Update	Printer (e.g. hwbla07004)	This space for BMIS Use Only
☐	☐	_____	☐	☐	_____	_____
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☐	☐	_____	☐	☐	_____	_____
☐	☐	_____	☐	☐	_____	_____

IV. USER CERTIFICATION   (please read carefully, sign and date this certification statement)

(1) I certify that I have read the Commonwealth IT Resource User Agreement.
(2) I have been given the opportunity to have any questions I have about the policy answered by my Site Security Coordinator.
(3) I understand the policy contained in the Commonwealth IT Resource User Agreement and agree to adhere to it.
(4) I agree to access / use all IT Resources in accordance with this policy and understand the consequences of failing to do so.
(5) I understand my user ID and password, used in combination, represent my signature. I agree to keep passwords confidential.

Employee Signature _____ Date _____

V. APPROVALS

Employee's Supervisor _____ Date _____ Phone # _____

Div. Chief / Asst Comp. / Bureau Dir. / SSC _____ Date _____ Phone # _____

VI. BMIS USE ONLY

Business Design, Development & Support _____ Date _____

Systems Administration _____ Date _____

Date User ID Assigned / Deleted _____

Remarks _____ UID # _____

III. APPLICATION INFORMATION   (continued)

Add	Delete	Application Name	Inquiry	Update	Printer (e.g. hwbla07004)	This space for BMIS Use Only
☐	☐	_____	☐	☐	_____	_____
☐	☐	_____	☐	☐	_____	_____
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Brief justification for this request:

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Special Instructions:

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