



# FMIS 6B Security Change Form

Phone: (928) 871-6337

Fax to FMIS Systems Office at (928) 871-7778

or email at [support@nnooc.org](mailto:support@nnooc.org);

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

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

## Check Request Type:

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

## JD Edwards User Information: (if existing)

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

## User Information:

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

## Infrastructure Information: (if known)

Network User ID: _____
Domain: _____
Computer Operating System: _____
Network Printer: _____

## 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; (**check one functional area ONLY**)

Module	Instructor's Initial	Role		
• Accounts Payable	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Procurement	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Request for access will be granted if the above requirements apply and access granted to **only one 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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FMIS Manager Signature: _____	Date: _____
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FMIS Technical Support Completion Signature: _____	Date: _____
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