



# FMIS Security Change Form

Send to FMIS Systems Office @ FAX 928-871-7778  
Or email [support@nnooc.org](mailto:support@nnooc.org); PHONE 928-871-6337

**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: _____	Last Name: _____
Title: _____	Phone No: _____
Department: _____	Email: _____
Location: _____	Manager: _____

### Infrastructure Information: (if known)

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

*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. (To tab, use CTRL+TAB)*

**\*\*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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