



FMIS Security Change Form

Phone: (928) 871-6337

Send to FMIS Systems Office at FAX 928-871-7778

Or email support@nnooc.org;

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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