System Access Authorization Request
(Financials - AR Deposit)

Requesting Agency Name/Number _____

Division/Department/Unit _____

Date _____

This request is for:

☐ Initial Set Up ☐ Additional Access ☐ Deletion of Access ☐ De-Activate ☐ Re-Activate

If this is to De-Activate, effective date of De-Activation _____

Name _____   Phone _____
Job Title _____   Employee ID# _____
Email address _____

I hereby authorize the above named individual access to the CORE/PeopleSoft System with the security levels indicated until we send written notification that their access should be terminated. I certify that the user has received the training necessary to successfully perform all functions granted them.

Management has implemented procedures to provide segregation of critical application functionality to prevent or detect errors and irregularities, and acknowledges the risk associated with the lack of segregation of duties.

Requested by _____   Phone _____
        Signature of Agency Security Representative

Name & Title (Please print) _____

Please select from the following (See Instructions for Description):

<u>Accounts Receivable</u>

Manager's Approval: _____

☐ AR Deposit Entry
☐ AR DTC - View Only
☐ AR Deposit Transfer
☐ AR Deposit Notify

<u>Miscellaneous</u>

☐ Run Queries
☐ Financial Analytics - View

Security Agreement

The undersigned agrees to abide by the following:

1. Data originated or stored on State computer equipment is State property. Users will access only data which are required for their job. Users will not make or permit unauthorized use of any CORE/PeopleSoft data. They will not seek personal or financial benefit or allow others to benefit personally or financially by knowledge of any data which has come to them by virtue of their work assignment.

2. Users will enter, change, and delete data only as authorized within their job responsibilities. They will not knowingly include or cause to be included in any record or report a false, inaccurate, or misleading entry, nor will they knowingly alter or expunge from any record or report, or cause to be altered or expunged, a true and proper entry.

3. Users will not release CORE/PeopleSoft data except as required in the performance of their job or as directed in writing by their Appointing Authority.

4. Users are responsible for protecting their access authorization and must take steps to prevent others from using their User ID. Users will construct good passwords and manage them securely, keeping their passwords secret and not sharing them with others. If a user has reason to believe that others have learned his/her password, the user will change the password and notify the Help Desk of the situation. Users will not attempt to use the logons and passwords of others.

5. If a user finds that they have access to data they believe they are not authorized to view, they will exit from that data and report the problem to OMES Security.

6. I am aware of the responsibilities associated with access to the CORE/PeopleSoft System and agree to abide by the OSF Information Security Policies and Procedures. I understand that according to Section 840-2.11 of Title 74 of the Oklahoma Statutes the home addresses, home telephone numbers, social security numbers, and information related to personal electronic communication devices of current and former state employees shall not be open to public inspection or disclosure without written permission from the current or former state employees or without an order from a court of competent jurisdiction.

Signature of User _____   Date _____

For OMES Use Only:

Processed By _____
Date _____
User Notified _____
Agency Security Representative Notified _____

Entered in CRM by _____
Date _____

Instructions for completing System Access Authorization Request (OMES FORM 301ARDEP)

Mark whether the request is to establish, de-activate or change a userid or type of access.

User Name, phone number, job title, employee ID# and email address: This is the person for which the userid or access is to be established. **(NOTE: The employee ID# is the number assigned to the employee on the CORE/PeopleSoft System. It is NOT their SSN#.)**

Requested by: The Designated Agency Security Representative must make the request. A State Agency Security Representative Designation Form (OMES FORM 300) must be on file with the CORE Security Administrator.

DESCRIPTIONS

Accounts Receivable

AR Deposit Entry – Enters receipt (payment) information, creates accounting entries, reviews receipts, runs reports.

AR DTC - View Only – View only access to deposits, transfers and corrections.

AR Deposit Transfer – Processes authorized agency transfer transactions transferring money from agency clearing and special accounts (ACA and ASA respectively) to funds or other special accounts.

AR Deposit Notify – Receives e-mail notification from OST when federal deposits have been verified (approved/denied) to complete the payment (deposit) process.

Miscellaneous

Run Queries – Allows the user to run pre-defined queries to select data from PeopleSoft and view the data online or download the information into an Excel spreadsheet.

Financial Analytics – View – Provide access to Oracle Business Intelligence Financial Analytics via PeopleSoft Financials to run pre-built reports.

Send completed form to: **OMES/IS**
3115 N. Lincoln Boulevard
Oklahoma City, OK 73105
Attn: Security

If you have any questions concerning this form, please contact the OMES Service Desk at 405-521-2444 or servicedesk@omes.ok.gov.