OMES FORM 301EHFM
(Revised 6/14)

STATE OF OKLAHOMA
System Access Authorization Request (Hyperion)

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 EBS/Hyperion 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):

Manager's Approval: _____

☐ Report Viewer

Department Access: ☐All;
☐ List; _____ _____,
_____ , _____ , _____

Rollup Dept. Access: ☐All;
☐ List; _____, _____,
_____, _____ , _____

For OMES Use Only

☐ Authorized for UPK Training _____
OMES Budget Group

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 EBS/Hyperion. 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 EBS/Hyperion 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 EBS/Hyperion 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 _____

In the case of needing a password reset by the Help Desk, we will require you to answer one of the following:
(if you already have access to CORE/PeopleSoft, it is not necessary to provide the information below):

☐ Mother's maiden name ☐ Favorite Pet ☐ Place of Birth

Your answer: _____

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 301EHFM).

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#. This field may be left blank at this time.)**

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

Report Viewer – The Report Viewer has view-only access to data and reports. The Report Viewer cannot run any processes that create, modify, or delete data.

Send completed form to: **CORE Oklahoma Office**
3115 N. Lincoln Boulevard
Oklahoma City, OK 73105
Attn: Security

If you have any questions concerning this form, please contact Caroline Rozek at 521-4609 or caroline.rozek@omes.ok.gov.