OMES FORM 90
(Revised 12/2012)

STATE OF OKLAHOMA

IBM Systems/Other Restricted Access Authorization Request

Requesting Agency Name/Number

Division/Department/Unit

Date

This request is for:

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

Special Note:

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

User Name   Phone

Job Title   *Employee ID# _

Email address

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

FINANCIAL

<u>IBM System</u>   BUDGET

☐ Budget FTE (OMES Only)   ☐ Budget Request System (Capital/Budget Requests)

☐ Miscellaneous Claims & 700 Fund Trans. Upload   Internet for access to data through the OMES Web site

☐ 1099 Transactions Upload   OSF.ok.gov – Budget Division Link

☐ EDT Payroll (Higher Education)   OTHER

☐ Core Common Files   ☐ Other: _____

☐ Core Payroll Extracts   (Restricted – with prior approval) - Describe

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AUTHORIZED APPROVAL

Can only be signed by Agency Approving Officer

>>MUST HAVE OMES FORM 13 – SIGNATURE CARD ON FILE AT OMES<<

I hereby authorize the above named individual access to the IBM System and/or other authorized 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.

Requested by _____   Phone _____
          Agency Approving Officer **>>RESTRICTED SIGNATURE – SEE ABOVE <<**

Name & Title (Please print) _____

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* For future use.

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 system 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 system 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 System and agree to abide by the OMES Information Security Policies and Procedures. I understand that according to Section 840-2.11 of Title 74 Social Security Numbers, Home Addresses, and Home Telephone Number of current and former employees are confidential and not for public inspection or disclosure.

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:

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

Your answer:

For OMES Use Only:

FINANCIAL (IBM System and Budget – from Page one)

DCAR Approval Signature ——————————————————   Date ————————————

Name & Title (Please print) ——————————————————————————————

OTHER (from Page one)

ISD Approval Signature ————————————————————————   Date ——————————

Name & Title (Please print) ——————————————————————————————

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Processed By ——————————————

Date ——————————

Date ——————————

User Notified ——————————————

Agency Security Representative Notified ——————————————

Budget Division Notified (Budget Access) ——————————————

Entered in CRM by ——————————————

Date ——————————

Instructions for completing System Access Authorization Request (OMES FORM 90).

Form – Page One

Requesting agency information and date.

Mark whether the request is to establish, de-activate, re-activate or change a userid or type of access. Use "Special Notes" to add comments if needed. If request is to de-activate, provide effective date of de-activation.

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.)**

DESCRIPTIONS

FINANCIAL

IBM SYSTEM ACCESS DEFINITIONS

Requested Access	File Access
Miscellaneous Claims & 700 Fund Trans. Upload	CORE.BUXXX00.MISCCLMS CORE.BUXXX00.DPOS
1099 Transactions Upload	OSFCLM.TCLM.A###.MISC1099.TRAN.LIST OSFCLM.TCLM.A###.MISC1099.VEND.LIST
EDT Payroll (Higher Education)	Uxxx999.TPAY.* OSFPAY.TPAY.A###.*
CORE Common Files	CORE.SWC.* (Statewide Contract Files - read only) CORE.VENDOR.* (Vendor Files – read only) CORE.CMOD.* (Commodity Files – read only) CORE.GL.* (GL Alltrans, Cash/Allot, Account descriptions, - read only) CORE.AP.* (AP Funding and Warrant Alltrans files – read only) CORE.PO.* (Purchase Orders Information – read only)
CORE Payroll Extracts	CORE.PY.* - read only CORE.BUxxx00.PY.* - read only CORE.BUxxx00.PY.TLI.* (Time and Labor files)

BUDGET REQUEST SYSTEM ACCESS DEFINITIONS

(Capital/Budget Requests: Internet for access to data through the OSF Web site

OSF.OK.gov - Budget Division Link

OTHER ACCESS DEFINITIONS

(Restricted – with prior approval)

AUTHORIZED APPROVAL: An 'Agency Approving Officer' must make the request and sign. (*MUST have OMES Form 13 - Signature Card on file at OMES*)

Read and complete the Security Agreement.

	(*Financial/Budget*)	(*Other*)
Send completed form to:	**Office of Mgmt and Enterprise Services Transaction Processing 2300 N. Lincoln, Rm. 107 Oklahoma City, OK 73105-4801 Attn: Form 90 System Authorizatio**	**Office of Mgmt and Enterprise Services Information Services Division 3115 N. Lincoln Blvd. Oklahoma City, OK 73105-5400 Attn: Form 90 System Authorization**

If you have any questions concerning this form, please contact Jeannette Pascher at (405) 521-6187 or Steve Wilson at (405) 521-4679.