



User Access	
Vendor Payment Related Data in Enterprise Reporting Standard Reports and Web Intelligence	
AGENCY #:	
AGENCY NAME:	
<p>The following person is requesting access, as indicated, to vendor payment related data in Enterprise Reporting Standard Reports and Web Intelligence.  <a href="http://ofm.wa.gov/resources/data_access/DA_Access_Levels_Groups.xlsx">http://ofm.wa.gov/resources/data_access/DA_Access_Levels_Groups.xlsx</a></p>	
REQUESTER:	
<input type="checkbox"/> Add	Name: _____
<input type="checkbox"/> Delete	Email: _____
Logon ID: _____	
The following <b>3</b> boxes specify a level of access in Enterprise Reporting. Please check the one box that applies:	
<input type="checkbox"/> I request <b>statewide</b> access to vendor payment related data for which my agency <b>is</b> preapproved. <b>(Level 1)</b>	
<input type="checkbox"/> I request <b>statewide</b> access to vendor payment related data for which my agency is <b>not</b> preapproved. If this box is checked, please provide your business need for the requested access: <b>(Level 1)</b>	
<input type="checkbox"/> I request access to vendor payment related data for the group of agencies to which my agency is assigned. <b>(Level 2)</b>	
<input type="checkbox"/> I acknowledge I have read SAAM 5.10 About Data and Systems Access Policies and have signed a Non-disclosure Agreement.	
Signature: _____	Date: _____
APPROVAL OF AGENCY ADMINISTRATOR:	
<input type="checkbox"/> I acknowledge I have received a signed Non-disclosure Agreement from the Requester.	
<input type="checkbox"/> The above requested access is <b>not</b> within this agency's preapproved access level. The Requester's stated business need is valid.	
Signature: _____	Date: _____
Printed Name: _____	Email: _____
APPROVAL OF OFM ADMINISTRATOR FOR EXCEPTIONAL ACCESS:	
I acknowledge I have reviewed the above request for access and have concluded the requested access level	
<input type="checkbox"/> is <input type="checkbox"/> is not      supported by business need.	
Signature: _____	Date: _____
Printed Name: _____	Email: _____
E-mail the Signed Access Request form to:	OFM Helpdesk <a href="mailto:HereToHelp@ofm.wa.gov">HereToHelp@ofm.wa.gov</a>
OFM USE ONLY	
System security changes made by: _____	Date: _____