



## User Access Request Form

Vendor Payment Related Data in Enterprise Reporting Standard Reports and Web Intelligence.

Agency Name:

Agency Number:

The following person is requesting access, as indicated, to vendor payment related data in Enterprise Reporting Standard Reports and Web Intelligence. See [Agency Permission Levels for ER Access](#).

### REQUESTER

Add

Delete

Name:

Logon ID:

Email:

Please check the one that applies to the specific level of access in Enterprise Reporting:

I request **statewide** access to vendor payment related data for which my agency is preapproved. **(Level 1)**

I request **statewide** access to vendor payment related data for which my agency is not preapproved. **(Level 1)**  
If this box is checked, please provide your business need for the requested access:

I request access to vendor payment related data for the group of agencies to which my agency is assigned.  
**(Level 2)**

I acknowledge I have read SAAM 5.10 About Data and Systems Access Policies and have signed a Non-disclosure Agreement.

### APPROVAL OF AGENCY ADMINISTRATOR

I acknowledge I have received a signed Non-disclosure Agreement from the Requester.

The above requested access is not within this agency's preapproved access level. The Requester's stated business need is valid.

*Please type your full name in the signature fields. **Do not** use E-sign features or insert signature images.*

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  
is            is not supported by business need.

*Please type your full name in the signature fields. **Do not** use E-sign features or insert signature images.*

Signature:

Date:

Printed Name:

Email:

E-mail the Signed Access Request form to: OFM Helpdesk [HereToHelp@ofm.wa.gov](mailto:HereToHelp@ofm.wa.gov)

### OFM USE ONLY

System security changes made by:

Date: