WASHINGTON STATE
Office of Financial Management

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

OFM USE ONLY

System security changes made by: Date: