

**USERID REQUEST FORM  
FOR FMIS SYSTEM**

DATE: \_\_\_\_\_

**DIRECTOR/MANAGER**

**NAME:** \_\_\_\_\_

**PHONE#:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**ASSIGN USERID TO (USER):** \_\_\_\_\_

**PHONE#:** \_\_\_\_\_

**PURPOSE:** \_\_\_\_\_

**Conformation Question:** \_\_\_\_\_

**Answer:** \_\_\_\_\_

**Example: What school did I attend** **Westport High School**

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The following guidelines are established by the Office of Finance for all FMIS System Users.

**As a system user, it is your responsibility to ensure:**

1. The confidentiality of your password.
2. That the userid will be used for **OFFICAL BUSINESS ONLY**.
3. That proper care will be exercised to protect all assets while performing your duties. **I ACCEPT THE RESPONSIBILITIES DESCRIBED ABOVE.**

\_\_\_\_\_  
Signature of User

**I CERTIFY AND APPROVE THE ABOVE REQUEST.**

\_\_\_\_\_  
Signature of Manager/Director and Phone Number

**EMPLOYEE: By forwarding this form to my supervisor, I acknowledge that I understand and accept the responsibilities described above.**

**SUPERVISOR: The forwarding of this form to the Network Administrator/System Security Officer signifies my approval of the above request. By approving this request, I certify this employee needs this access in order to accomplish the tasks required by his/her position.**

**Configuration Management:**  
**BCAC Management Approval:** \_\_\_\_\_

**Security Administrator Approval:** \_\_\_\_\_

**USERID ASSIGNED:** \_\_\_\_\_

Upon completion of form, please scan and email to [OCFOServiceDesk@gsa.gov](mailto:OCFOServiceDesk@gsa.gov) or Fax to 717.217.1201

Any questions, please contact the OCFO Service Desk at 866-450-6588.