DAFS Financial Warehouse

Security Application

Print Form

Reset Form

Department:

Bureau/Institution: Date:

Physical Address: *(Building)* SHS #:

User's Name: Phone #:

GQL / Data Warehouse:

Financial (Accounting) access being requested:

Accounting Agency Codes
(Ex: 10A, 14A,...)

Human Resources access being requested:

Payroll/HR Dept or Company Number(s)
(Ex: 1800,1701,...)

If this is a new user replacing a previous position incumbent check here: ☐

Enter the name of the previous incumbent:

SQL Server Financial Cube:

☐ Access being requested

Special instructions regarding access level or subgroup:

Questions about this form and its contents should be directed to:
DAFSFinancialWarehouseSecurity@maine.gov

Certifications and Authorizations

I have reviewed this application for DAFS Information Warehouse access and certify that the above named user is authorized to receive the requested access for completion of the responsibilities of his or her assigned position.

User's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Security Coordinator's Signature: _____ Date: _____

Return to: **DAFS Financial Warehouse Security**
145 State House Station
Email: DAFSFinancialWarehouseSecurity@maine.gov
FAX: 207-287-4563

Footprints Use Only

Date _____

Ticket # _____