# DAFS Financial Warehouse

## Security Application

Print Form

Reset Form

Department:

Bureau/Institution: Date:

Physical Address: *(Building)* SHS #:

User's Name: Phone #:

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## SQL Server Financial Cube:

☐ Access being requested

Special instructions regarding access level or subgroup:

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## DAFS Analytics:

☐ Financial (Accounting) access being requested:

AD Group(s)
(Ex: DHHS, GGSC, NRSC, SESC, etc.)

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☐ Human Resources / Payroll access being requested:

AD Group(s)
(Ex: DHHS, GGSC, NRSC, SESC, etc.)

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☐ Budget access being requested:

AD Group(s)
(Ex: DHHS, GGSC, NRSC, SESC, etc.)

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

Enter the name of the previous incumbent: _____

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

**IMPORTANT: Notice of Responsibility & Acknowledgement**

You are authorized to access, inspect, or disclose information only in strict accordance with the performance of your official duties. You shall not disclose confidential records or information under any circumstances unless specifically authorized or otherwise required to do so by law. You agree that you will only access, inspect, or disclose confidential records or information to the limited extent necessary to carry out the duties delegated or assigned to you. You further acknowledge and agree to comply with state policy and applicable law that prohibits you from accessing, inspecting, or disclosing confidential records or information during and after the tenure of your employment by the State of Maine, unless otherwise required to do so by law. You also understand that any unauthorized access, inspection, or disclosure of confidential records or information is punishable under law, may result in dismissal from employment, or both.

## 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: DAFSDataWarehouseSupport@maine.gov**
**FAX: 207-287-4563**

**Footprints Use Only**

Date _____

Ticket # _____