## **DAFS Financial Warehouse**



MAIN	Department:		
	Bureau/Institution:		Date:
	Physical Address: (Building)		SHS #:
	User's Name:		Phone #:
		DAFS Analytics:	
Financial (Acco	ounting) access being	requested (Cube included):	
AD Group(s) (Ex: DHHS, GGSC, NRSC, SESC, etc.)			
☐ Human Resource	ces / Payroll access b	eing requested:	
AD Group(s) (Ex: DHHS, GGSC, NRSC, SESC, etc.)			
Budget access b	eing requested:		
AD Group(s) Ex: DHHS, GGSC, NRSC, SESC, etc.)			
	ons Level (The belove (Required)	w choice only effects DAFS Analytics Access):	
O DAFS-DW-	USER (Allows the vi	iewing of pre-made dashboards and reports sent to	o the user)
O DAFS-DW-permissions	AUTHOR (Allows tl DAFS-DW-USER p	ne creation of reports, agents, access to the Catalorovides)	og, and all

## Additional / Special Access

☐ Access being requested  Special instructions regarding access level or subgroup:	
If this is a new user replacing a previous position incumbent, check here	2.
Enter the name of the previous incumbent:	
IMPORTANT: Notice of Responsibilit	y & Acknowledgement
You are authorized to access, inspect, or disclose information only in state duties. You shall not disclose confidential records or information undo otherwise required to do so by law. You agree that you will only access information to the limited extent necessary to carry out the duties deleg and agree to comply with state policy and applicable law that prohibits confidential records or information during and after the tenure of your required to do so by law. You also understand that any unauthorized according information is punishable under law, may result in dismissal from er Pursuant to the Legislature's Joint Rules, prior to the release of any perpublic, the media, or to any state officer or employee whose duties do reshall be provided to the Executive Director of the Legislative Council and the shall be provided to the Executive Director of the Legislative Council and the shall be provided to the Executive Director of the Legislative Council and the shall be provided to the Executive Director of the Legislative Council and the shall be provided to the Executive Director of the Legislative Council and the shall be provided to the Executive Director of the Legislative Council and the shall be provided to the Executive Director of the Legislative Council and the shall be provided to the Executive Director of the Legislative Council and the shall be provided to the Executive Director of the Legislative Council and the shall be provided to the Executive Director of the Legislative Council and the shall be provided to the Executive Director of the Legislative Council and the shall be provided to the Executive Director of the Legislative Council and the shall be provided to the Executive Director of the Legislative Council and the shall be provided to the Executive Director of the Legislative Council and the shall be provided to the Executive Director of the Legislative Council and the shall be provided to the Executive Director of the Legislative Council and the shall be provided to the Executive Director of th	er any circumstances unless specifically authorized or s, inspect, or disclose confidential records or gated or assigned to you. You further acknowledge you from accessing, inspecting, or disclosing employment by the State of Maine, unless otherwise excess, inspection, or disclosure of confidential records imployment, or both.  Sonnel information for the Legislative branch to the not require regular access to this information, notice
Certifications and Autho	rizations
I have reviewed this application for DAFS Information the above named user is authorized to receive the requiresponsibilities of his or her assigned position.	**
User's Signature:	Date:
upervisor's Signature:	Date:
Security Coordinator's Signature:	Date:
Return to: DAFS Financial Warehouse Security 145 State House Station Email: DAFSDataWarehouseSupport@maine.gov	Footprints Use Only  Date
FAX: 207-287-4563	Ticket #