

# Integrated Statewide Information Systems

## Request for ISIS USERID-AFS

CURRENT USERID \_\_\_\_\_

HOME AGENCY NUMBER \_\_\_\_\_

NAME (FIRST, LAST) \_\_\_\_\_

USER'S EMAIL \_\_\_\_\_

ACTION

\_\_\_\_ NEW USERID

\_\_\_\_ NEW TO AFS

\_\_\_\_ NAME CHANGE

\_\_\_\_ CHG. GROUP NO.

\_\_\_\_ CHG. PROFILE

\_\_\_\_ ADD BUNDL CODE

\_\_\_\_ CHG. BUNDL CODE

\_\_\_\_ DELETE USERID

\_\_\_\_ RE-ACTIVATE

JOB TITLE \_\_\_\_\_

WORK TELEPHONE \_\_\_\_\_

AGENCY/DEPT NAME \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_

WORK MAILING ADDRESS \_\_\_\_\_

BUNDL MAIL CODES \_\_\_\_\_

USER BILL'S AGENCIES OUTSIDE ITS AGENCY GROUP?  YES  NO

BILLINGS REQUIRE APPROVAL BY THE BUYER?  YES  NO

AFS INQUIRY ONLY

YES

NO

AFS DOCUMENT PROCESSING

YES

NO

REMARKS/SPECIAL INSTRUCTIONS:

SHOULD YOU NEED TO CALL FOR ASSISTANCE WITH USERID YOU MAY BE REQUESTED TO PROVIDE YOUR MOTHER'S MAIDEN NAME AND/OR YOUR FATHER'S FIRST NAME TO CONFIRM THAT YOU ARE THE **USERID'S** TRUE OWNER.

MOTHER'S MAIDEN NAME \_\_\_\_\_

FATHER'S FIRST NAME \_\_\_\_\_

I understand that my USERID is my personal identification and provides permissions to valuable data and automated resources. My USERID is not to be shared with any other employee. As the owner of a USERID, it is my responsibility to protect the resources I have been permitted by protecting the confidentiality of my password. I understand that any use of my unique USERID is monitored and I am accountable for how it is used.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor  
Signature \_\_\_\_\_

Date \_\_\_\_\_

(To be completed by Agency Security Administrator or representative of Appointing Authority) I verify that the individual whose name appears on this form is currently employed at the agency named above. I also authorize this employee to have the access indicated on this form. I understand that should this person leave the agency or be assigned to another duty station that I am to contact the Division of Administration ISIS security administrator within one working day of the employee's change in status.

Agency Security Admin (SA) \_\_\_\_\_

Security Admin Phone Number \_\_\_\_\_

Security Admin Email \_\_\_\_\_