

UNIVERSITY OF HAWAII

FMIS SECURITY FORM

User Profile Definition

DATE: _____

Section A – Applicant Information

FMIS ACCESS New Change Delete: Employee leaving UH? Yes No

APPLICANT'S NAME (Last Name, First Name, Middle Initial)	UH Number to find your UH Number http://www.hawaii.edu/account
DEPARTMENT: _____	EXISTING RACF ID
CAMPUS ADDRESS: _____	UH Username
CITY: _____ STATE: _____ ZIP CODE: _____	EMPLOYMENT TYPE
TELEPHONE: _____	<input type="checkbox"/> Regular
E-MAIL ADDRESS: _____	<input type="checkbox"/> Student
	<input type="checkbox"/> Casual
	<input type="checkbox"/> Other
	OPERATOR TYPE
	<input type="checkbox"/> Fiscal Officer/Business Office
	<input type="checkbox"/> eFMIS/Dept Inquiry only <small>\$P035 - (excludes payroll & ARS)</small>
	<input type="checkbox"/> eFMIS/Dept Inquiry with Payroll <small>\$P037 - (excludes ARS)</small>
	<input type="checkbox"/> Central Office: _____ Operator Group

Section B - Account Access:

BY ACCOUNT ATTRIBUTE(S): Complete for controlled access by account attribute(s).

ACTION <i>(Add, Del)</i>	SYSTEM <i>(FRS,SCO)</i>	ACCESS TYPE <i>(Access, Inquire)</i>	DIVISION	SCHOOL	DEPT	SUB DEPT	EXEC LEVEL	FUND GROUP	PURPOSE	FO CODE	REPORT CONTROL

Section C - Basic FMIS Inquiry

Action
 Add New Change Existing FMIS Default values:
 Default Campus: _____
 Default FO Code: FRS: _____ SCO: _____
 Default VPS Printer: _____

Action
 Add Change Delete
 PageCenter Mailbox(s): _____

Section D – Other

Action
 Add Delete Budget Update (screen 10)
 Add Delete Community College E & E (screens 39/39A)
 Add Delete SCOPIS Inquiry Only (\$SCOINQ)
 Add Delete SCOPIS Adds & Changes (Form 6 & 25) + Inquiry
 Add Delete SCOPIS Payment(\$SCOINQ)

Section E – eFMIS

- ePurchasing - eInventory - Data Warehouse - eDeposits - eFAS - eCGS

FOs can add, update or delete users in 'Maintain Users' on the eFMIS site <http://www.hawaii.edu/fmis>

Section F – Departmental Checking

Action
 Add Delete FO Inquiry Only
 Add Delete Reconciler
 Add Delete Custodian

Action
 Add Change Delete
 Bank Number(s): _____

Section G – Fiscal Officer Approval

Print FO Name _____

FO Code _____ Phone _____

E-mail Address _____

General Confidentiality Notice on File? Yes No

FO Signature _____ Date _____