

DEPARTMENT OF ACCOUNTS

FAACS Logon Request Form

Form: FAACS-S1

Logon ID _____
Agency Number _____ **Agency Name** _____
Phone Number _____ **FAACS Coordinator** _____
FAX Number _____ **Email Address** _____

I certify that this agency maintains a system of internal control over on-line access to FAACS adequate to prevent unauthorized access to or changes in the data contained therein, and that the use of this form constitutes an integral part of that internal control system.

Date _____ **FAACS Security Officer** _____

Access Agencies

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|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

VALID CODES AND MATRIXES LISTED AT BOTTOM OF FORM

| Code | FAACS Logon ID | User Name | Data Entry | Data Element | Summary | O/C | Tables |
|------|----------------|-----------|------------|--------------|---------|-----|--------|
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| <p>Valid Codes for Tables (Tab) Bulletin (Bul),</p> <ul style="list-style-type: none"> • U = Update (Update to these features restricted to DOA only) • I = Inquiry • Blank = No access to this feature. • Open/Close (O/C) restricted to DOA ONLY * <p>Valid Codes for "Code"</p> <ul style="list-style-type: none"> • A = Add • C = Change • D = Delete | <p>Codes for Data Entry:</p> <ul style="list-style-type: none"> • H = Hold (Transactions can have a hold or incomplete status). • R = Release (Transactions can have a hold, release, or incomplete status). • I = Inquiry (Inquiry only, can not enter transactions). • Blank = No access to this feature. • Summary = Agencies only given "Hold" capability, "Released" by DOA. |
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**MAIL FORM TO: ASSISTANT DIRECTOR
 FIXED ASSET AND INDIRECT COSTS
 DEPARTMENT OF ACCOUNTS
 P.O. BOX 1971, RICHMOND, VA 23218-1971**

DOA USE ONLY
 Please enter initial and date.

Password Chg _____
 FAACS Sec _____
 Agy Copy _____

DOA Authorized Signature: _____