DEPARTMENT OF ACCOUNTS

FAACS LOGON REQUEST FORM FOR \_\_\_\_\_\_\_\_\_\_\_\_\_ LOGON ID

(Data Entry or Inquiry)

Form: FAACS-S1 Date: \_\_\_\_\_\_\_\_\_\_\_

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 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

New User Email Address (es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Codes for Data Entry:**

**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, cannot enter transactions).**

**Blank = No access to this feature.**

**Summary =Agencies only given “Hold” capability, “Released” by DOA**

**Valid Codes for “Code”:**

**A = Add**

**C = Change**

**D = Delete**

**Valid Codes for Tables (Tab) Bulletin (Bul):**

**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 \***

DOA USE ONLY

Please enter initial and date.

Password Chg \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

FAACS Sec \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Agy Copy \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

MAIL FORM TO: DEPARTMENT OF ACCOUNTS

FINANCIAL REPORTING UNIT

P.O. BOX 1971

RICHMOND, VA 23218-1971

DOA AUTHORIZED SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_