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): _____

_____

Valid Codes for "Code": A = Add C = Change D = Delete	**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 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 *

MAIL FORM TO: DEPARTMENT OF ACCOUNTS
                FINANCIAL REPORTING UNIT
                P.O. BOX 1971
                RICHMOND, VA 23218-1971

DOA AUTHORIZED SIGNATURE: _____

DOA USE ONLY Please enter initial and date.		
Password Chg	_____	_____
FAACS Sec	_____	_____
Agy Copy	_____	_____