

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: _____

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): _____

<p>Valid Codes for "Code": A = Add C = Change D = Delete</p>	<p>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</p>
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<p>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 *</p>
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<p>DOA USE ONLY Please enter initial and date.</p>	
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: _____