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| Statewide Vendor File Access Request Form |
| Part I: Requesting Agency InformationTo be completed by the requesting agency |
| OLO | Click here to enter text. | Agency Name | Click here to enter text. |
| Director of Administrative Services or Designee’s Name | Click here to enter text. | Director of Administrative Services or Designee’s Name Phone Number | Click here to enter text. |
| Designee’s Title (if applicable) | Click here to enter text. | Director of Administrative Services or Designee’s Name Email Address | Click here to enter text. |
| Part II: Employee InformationTo be completed by the requesting agency | [ ]  Request for Add Access | [ ]  Request to Remove Add Access |
| Provide Add Access For: / Remove Access From: |
| Employee Name |  | Click here to enter text. |  |
| Job Title |  | Click here to enter text. |  |
| FLAIR User Name |  | Click here to enter text. |  |
| Employee’s Phone Number |  | Click here to enter text. |  |
| Employee’s Email Address |  | Click here to enter text. |  |
| Supervisor’s Name |  | Click here to enter text. |  |
| Supervisor’s Phone Number |  | Click here to enter text. |  |
| Supervisor’s Email Address |  | Click here to enter text. |  |
| Org Code |  | Click here to enter text. |  |
| Add (A) = Grant Add Access | Click here to enter text. | Prohibit (P) = No AccessInquiry Only (I) = Remove Add | Click here to enter text. |
| Part III: Justification for Add Authorization RequestTo be completed by the requesting agency with internal controls documentation attached, if necessary.Please refer to Agency Addressed Memorandum No. X for guidance on access.  |
| Reason for the Add Access Request | Click here to enter text. |
| Part IV: DFS Review InformationTo be completed by DFS only |
| DFS Reviewer Name | Click here to enter text. | Date of Review | Click here to enter a date. |
| Approved | Click here to enter text. | Not Approved | Click here to enter text. |
| Comments | Click here to enter text. |

 Agencies: Use this form to request employee add access to be authorized or removed for the Statewide Vendor File (VS). Please complete one form per employee.

Send the completed form to the Vendor Management Team (VMS).

Vendor Management Section
Email: StatewideVendorFile@myfloridacfo.com

Part I: Requesting Agency Information

* OLO: Provide the six-digit agency OLO.
* Agency Name: Provide the name of the agency requesting the update.
* Director of Administrative Services or Designee’s Name: Provide the name of the individual requesting the add authorization for employee. DFS will contact this person if additional information is required.
* Director of Administrative Services or Designee’s Phone Number: Provide the telephone number of the agency contact.
* Director of Administrative Services or Designee’s Email Address: Provide the email address of the agency contact.
* Designee’s Title (if applicable): Provide the designee’s title.

Part II: Employee Information

 Provide Add Access

* Employee Name: Provide the name of the employee to be granted add access
* Job Title: Provide the job title of the employee to be granted add access
* FLAIR User Name: Indicate whether employee has an existing FLAIR user name
* Employee’s Phone Number: Provide phone number of the employee to be granted add access
* Employee’s Email Address: Provide email address of the employee to be granted add access
* Supervisor’s Name: Provide the name of the employee’s supervisor
* Supervisor’s Phone Number: Provide phone number of the employee’s supervisor
* Supervisor’s Email Address: Provide email address of the employee’s supervisor
* Org Code: Provide the agency’s org code
* Add Access (A): Indicate add access is requested with an (A)

Change or Remove Add Access

* Employee Name: Provide the name of the employee to be granted add access
* Job Title: Provide the job title of the employee to be granted add access
* FLAIR User Name: Provide employee’s FLAIR user name
* Employee’s Phone Number: Provide phone number of the employee to be granted add access
* Employee’s Email Address: Provide email address of the employee to be granted add access
* Supervisor’s Name: Provide the name of the employee’s supervisor
* Supervisor’s Phone Number: Provide phone number of the employee’s supervisor
* Supervisor’s Email Address: Provide email address of the employee’s supervisor
* Org Code: Provide the agency’s org code
* Remove Access (P): Indicate request removal of all access with a (P)
* Inquiry Access Only (I): Indicate a change in access to inquiry only with an (I)

Part III: Justification for Update Request

* Please provide justification for the add authorization request.