|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Information Warehouse Vendor Employee Table Access Request Form | | | | | | | | | |
| Part I: Requesting Agency Information  To 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 Phone Number | | | Click here to enter text. | |
| Designee’s Title (if applicable) | | Click here to enter text. | | | Director of Administrative Services or Designee’s Email Address | | | Click here to enter text. | |
| Part II: Employee Information  To be completed by the requesting agency | | | | | Request for  Inquiry “I” Access | Request for Special Inquiry “S” Access | | | Request to Remove Inquiry Access |
| Provide Inquiry Access / Remove Access From: | | | | | | | | | |
| Employee Name | |  | Click here to enter text. | | | | |  | |
| Job Title | |  | Click here to enter text. | | | | |  | |
| RACF 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. | | | | |  | |
| Part III: Justification for Inquiry/Special Inquiry Request  To be completed by the requesting agency with internal controls documentation attached, if necessary. | | | | | | | | | |
| Purpose for the Inquiry Access Request: | | | | Click here to enter text. | | | | | |
| Part IV: DFS Review Information  To 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 authorization for or removal of access to the Information Warehouse. Please complete one form per employee.

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

Vendor Management Section Email: [StatewideVendorFile@myfloridacfo.com](mailto: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: Must be completed by the Director of Administrative Services or equivalent position for the agency, or the designee submitted by the Director of Administrative Services to the Vendor Management Section prior to request.
* 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

Special Inquiry “S” access enables authorized users to view Employee Information including their SSN.    
Inquiry “I” enables authorized users to view Employee Information except for their SSN.

Provide Inquiry Access

* Employee Name: Provide the name of the employee to be granted inquiry access
* Job Title: Provide the job title of the employee to be granted inquiry access
* RACF User Name: Indicate whether employee has an existing RACF user name
* Employee’s Phone Number: Provide phone number of the employee to be granted inquiry access
* Employee’s Email Address: Provide email address of the employee to be granted inquiry 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 Special Inquiry Access (S): Indicate special inquiry access is requested with an (S)

Remove Inquiry access

* Employee Name: Provide the name of the employee to be granted inquiry access
* Job Title: Provide the job title of the employee to be granted inquiry access
* RACF User Name: Provide employee’s RACF user name
* Employee’s Phone Number: Provide phone number of the employee to be granted inquiry access
* Employee’s Email Address: Provide email address of the employee to be granted inquiry 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 inquiry only access to inquiry only with an (I)

Part III: Justification for Update Request

* Please provide justification for the inquiry authorization request by giving the purpose of access.