



Information Warehouse

Security Application

Department: _____

Bureau/Institution: _____

For Internal Use Only

Physical Location: _____

(Building; Street Address; etc.)

User Name: _____

Date: _____

Station Number: _____ Telephone: _____

Financial (Accounting) Access being Requested:

Accounting Agency Code(s)

Human Resources Access being Requested:

[MFASIS/HR Department or Company Number(s)]

If this is a new user replacing a previous position incumbent check here: and, enter the name of the previous incumbent _____

Billing Conditions

OIT is authorized to begin billing at the following monthly rates:

- HR Warehouse - \$40.00
- Financial Warehouse - \$40.00

Questions about this form and its contents should be directed to Tom Yori or Bob Sipe.

Please fax your form to the MFASIS Technical Team at 207-287-4563

Certifications and Authorizations

I have reviewed this application for MFASIS Information Warehouse access and certify that the above named user is authorized to receive the requested access for completion of the responsibilities of his or her assigned responsibilities.