

NYS Division of the Budget
Information Security User Request Form
 (PLEASE PRINT LEGIBLY OR COMPLETE ELECTRONICALLY)

Request Type

☐ ADD User ☐ DELETE User ☐ CHANGE User ☐ SUSPEND User ☐ REACTIVATE User

Application

NYS Entity (Agency or Public Authority)

☐ Agency Spending Controls (ASCA): Select One Role:

PTP Approver (ITS only)

☐ Agency Head/Designee Review Level: ☐ 1 ☐ 2 ☐ 3

☐ Read Only

☐ Communication & Contact Management Application

☐ Miscellaneous Receipts

□ PS Recap

☐ Debt Management System (DMS) ☐ Participant ☐ Visitor☐ Public Authority Control Board (PACB) ☐ Participant ☐ Visitor☐ COVID-19 Grants Management System ☐ User ☐ Approver

Non NYS Entities

☐ Debt Management System (DMS) ☐ Participant ☐ Visitor☐ Public Authority Control Board (PACB) ☐ Participant ☐ Visitor

Executive Chamber

☐ Agency Spending Controls (ASCA): Select One Role: ☐ Update ☐ Read Only☐ Article VII: Select One Role: ☐ Update ☐ Read Only

SharePoint (Users IDs to access SharePoint are not the same IDs used to access eBudget Applications above)

When requesting access to SharePoint sites, please indicate whether or not the user identified in this form uses O365.

User has access to an O365 email account: ☐ Yes ☐ No

☐ Budget Request Site

☐ Building a High Performance Government - please specify site area(s):

☐ Other SharePoint Site (please specify):

Enter the name and code, if applicable, of the organizations/entities for which you are requesting access. If you are requesting statewide access, enter "Statewide" for the Organization/Entity Name.

Organization/Entity Name

Code

Organization/Entity Name

Code

Organization/Entity Name

Code

We are requesting that the following person be subject to the request type selected above, and as applicable, authorize such user to DOB's information technology systems and resources:

_____ Last Name	_____ First Name
_____ E-Mail Address	_____ Phone #
_____ Organization/Entity Name	_____ Agency Code

User Statement of Understanding and Agreement

I have read and understand this document and agree to adhere to its policies and guidelines. I also certify that all information provided in this request is true.

_____ Requested User Signature	_____ Date
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Agency/Facility Security Coordinator Authorization of Individual User

I, the undersigned Agency/Facility Security Coordinator designee of the organization/entity, authorize the above-named individual to have access to DOB's computer systems and information technology resources and agree and have the authority to bind the organization to adhere to all policies and guidelines issued herein by DOB. I also certify that all information provided in this request is true.

_____ ASC/FSC Printed Name	_____ Phone
_____ ASC/FSC Signature	_____ Date

E-mail Copy to: accountadmin@budget.ny.gov