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Justice Administration Commission FLAIR Access Request Form for Circuits								
Access Request Type:				Request Date:				
If update or delete requ			·	•				
Employee's Information								
First Name:		MI:		Last Name:				
•		I IVII.						
Location:				Position Title:				
Phone # (enter numbe	<u> </u>		User's Email:					
				Supervisor:				
Will user need access to "Due Process" ORG code?				Does the user need RDS Access?				
Will user be approving PCard?				Should user have access to F			counting reports?	
Add NASSAM access to FLAIR through the Internet?					-			
-				Should user have access to RDS payroll reports?			yroii reports :	<u> </u>
Does a FLAIR Printer ID need to be created?								
Below are typical user permissions. Check the box next to the type of access to be assigned to the user. Remove the "I" from any functions not being assigned. Additional options can be selected using the dropdowns in the last section. Pick type(s) of access below: Options: I = Inquire Only; U = Input/Update Basic Access Employee & Travel information Pick additional FUNTIONS & OPTION needed								
Basic Access I AD - Account Desc - I	Departmental			loyee - Departmental		Pick add	ditional FUNTIONS & OPTIO	N needed
I SC - State CFO Files - Departmental I TH-Employee Tra								
I VS – Vendor - Statew								
I PW-Paid Warrant Indx - Central		U C	D - Purchasii	ng Card - Departmental				
I SA-Account Balance - Central I VH-Vendor History								
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I acknowledge my role in protecting the resources that I access and agree to the following: Not to share my user account information.								
 Ensure that my Access Control Custodian is promptly notified if I no longer require access to the resources provided. Activity within the system(s) is subject to detailed monitoring and audits to protect against improper or unauthorized use. Access to the system constitutes consent to the monitoring of all activities, as well as consent to the suspension or termination of access privileges during or following any audit that determines misuse of the system. 								
 Unauthorized use includes, but is not limited to, queries not related to a legitimate business purpose, personal use, improper dissemination to unauthorized personnel, and sharing, copying or distributing resource information to unauthorized users. Willful, unauthorized use of, alteration or destruction of informational assets is a computer-related crime punishable under the 								
provisions of Chapter 815, Florida Statute. To report suspected misuse of the system to the DIS Help Desk (850)413-3190 or Help.Desk@myfloridacfo.com.								
By signing below, I am acknowledging my understanding and agreement with the requirements for access to, and use of, the system(s) and the information contained.				I have approved access as indicated for the above named individual:				
User's Signature:			Supervisor's Signature	э:				
User's Name - printed:			Supervisor's Name - prin	ted:				
User's Title - printed:				Supervisor's Title - printe	ed:			
Date:				Date:				
Financial Services Use Only:								
DACA USERNAME:	JAC		SERNAME:		PRINT	ED ID:	D	
	JAC			JUAO	L IXIIN I	LIVID.	<u>l'</u>	
Org Codes assigned: Other info: Date:								