



Office of Financial Management

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SECURITY ADMINISTRATOR(S) FOR OFM FINANCIAL TOOLBOX

Agency Number: _____ Agency Name: _____

The following individuals are designated as Security Administrator(s) for the Financial Toolbox. They are authorized to assign security for individuals within this agency. Please show all adds & deletes.

PRIMARY

Add Delete

Name: _____ Logon ID: _____

Email: _____

Add Delete

Name: _____ Logon ID: _____

Email: _____

ALTERNATES

Add Delete

Name: _____ Logon ID: _____

Email: _____

Add Delete

Name: _____ Logon ID: _____

Email: _____

APPROVAL OF AGENCY DIRECTOR OR DESIGNEE

Signature: _____

Date: _____

Printed Name: _____

Phone # w/area code: _____

Title: _____

Mail Stop: _____

Send a copy of the electronically signed form to: OFM Help Desk at HeretoHelp@ofm.wa.gov

Electronically signed can be: An electronic signature, or a typed name in the signature line.