

Agency Administrator Access Request Form

Vendor Payment Related Data in Enterprise Reporting Standard Reports and Web Intelligence.

Agency Name:

Agency Number:

Box 1 - AGENCY ADMINISTRATOR

The person in **Box 1** is designated as Agency Administrator to approve or deny access by agency staff to vendor payment related data in Enterprise Reporting Standard Reports and Web Intelligence that is not owned by this agency. See [Agency Permission Levels for ER Access](#).

Add

Delete

Printed Name:

Phone number with area code:

Email:

*Please type your full name in the signature fields. **Do not** use E-sign features or insert signature images.*

Signature:

Date:

Box 2 - APPROVAL OF AGENCY DIRECTOR OR DESIGNEE

The person in **Box 2** is the agency's director or director's designee and by signing is granting the person in **Box 1** the authority to approve or deny access by agency staff to vendor payment related data in Enterprise Reporting Standard Reports and Web Intelligence that is not owned by this agency.

Printed Name:

Phone number with area code:

Email:

*Please type your full name in the signature fields. **Do not** use E-sign features or insert signature images.*

Signature:

Date:

E-mail the Signed Access Request form to: OFM Helpdesk HereToHelp@ofm.wa.gov

OFM USE ONLY

System security changes made by:

Date: