STATE OF MISSOURI
OFFICE OF ADMINISTRATION
SAM II FINANCIAL CENTRAL PROCESSING SECURITY REQUEST (OA, STO, SAO & DOR ONLY)

INSTRUCTIONS:
1. IN ORDER TO ACCESS OA SYSTEMS, A MAINFRAME ID IS REQUIRED. CONTACT YOUR SYSTEM SECURITY ADMINISTRATOR TO GET A MAINFRAME ID.
2. FOLLOW THE CODING STRUCTURE IN THE LEGEND TO INDICATE DESIRED ACCESS.

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY

AGENCY	ORGANIZATION	MAINFRAME ID

E-MAIL ADDRESS	PHONE NUMBER	WORKFLOW WORK GROUP

*_____ **SAM II FIN DATA WAREHOUSE**

SAM II BUDGET PREP
*_____ ☐

*_____ **INQUIRY ONLY ACCESS TO SAM II FINANCIAL DESKTOP**
☐ IF THIS BOX IS CHECKED **STOP** NO OTHER INFO IS NEEDED

*_____ ☐ **MOBIUS GENERAL VIEW REPORTS**   *_____ ☐ **MOBIUS RESTRICTED VIEW REPORTS**

*_____ **SAM II FINANCIAL DESKTOP**

DOR-ICMO: ☐   **STO: BANK** ☐   **STATE AUDITOR:** ☐   **OA/B&P:** ☐ A4   ☐ A5

OA/ACCOUNTING:

☐ COA MAINTENANCE   ☐ FIXED ASSET   ☐ VENDOR/CUSTOMER FILE   ☐ PAYROLL

☐ COMPLIANCE AUDIT   ☐ ERROR CORRECTION   ☐ CHECK CANCELLATION   ☐ CENTRAL ACCOUNTING SUPERVISOR

OA/DPMM: BUYER: ☐ DE   ☐ A1   ☐ A2   ☐ A3   ☐ A4   ☐ A5   ☐ MANAGER   ☐ TABLE MAINTENANCE

OA/DIS: ☐ SECURITY   ☐ WORKFLOW ADMIN   ☐ TECHNICAL SYSTEM ADMIN   ☐ FUNCTIONAL SYSTEM ADMIN

RESOURCE MANAGER: ☐ AD   ☐ AU   ☐ DC   ☐ EG   ☐ FL   ☐ MV

PRINTER ID FOR PRINTING PURCHASE ORDERS (IF APPLICABLE - IDS THAT ARE DEFINED AT SDC.)

COMMENTS:

SYSTEM ADMIN. USE ONLY

☐ STAB   ☐ WHOM   ☐ PRNT
☐ XSTB   ☐ WWKE   ☐ WKWG
☐ OAPADVFN   ☐ OAPDWLV1   ☐ MOBIUS REPORTS

NOTES:

I understand that access to the SAM II systems which include Mobius reports and the Data Warehouse is provided for conducting official state business only. I hereby agree that I will not disclose, directly or indirectly, confidential information obtained from the SAM II systems to anyone except persons authorized by my supervisor and understand that if I do so it may result in disciplinary action, including dismissal from employment and the imposition of any applicable criminal and civil penalties.

SIGNATURE OF EMPLOYEE	DATE

AGENCY SECURITY COORDINATOR ACKNOWLEDGEMENT

I acknowledge that a criminal background check has been conducted for the person named above.

SIGNATURE OF AGENCY SECURITY COORDINATOR	DATE	TELEPHONE