STATE OF MISSOURI
OFFICE OF ADMINISTRATION
SAM II FINANCIAL AGENCY SECURITY REQUEST

NOTE: O/A, STO, SAO & DOR EMPLOYEE SEEKING CENTRAL PROCESSING ACCESS FOR SAM II SEE FORM NUMBER MO 300-1621.

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 SAM II FINANCIAL REPORTS**

*_____ **SAM II FINANCIAL DESKTOP**

CODING: DE = DATA ENTRY; A1 = APPROVAL 1; A2 = APPROVAL 2; A3 = APPROVAL 3; A4 = APPROVAL 4; A5 = APPROVAL 5

ACCOUNTS RECEIVABLE	ORGANIZATION(S)	BUDGET CONTROL	ORGANIZATION(S)
COST ALLOCATION	ORGANIZATION(S)	EXPENDITURE	ORGANIZATION(S)
FIXED ASSETS	ORGANIZATION(S)	GRANTS	ORGANIZATION(S)
GENERAL ACCOUNTING	ORGANIZATION(S)	INTERAGENCY BILLING	ORGANIZATION(S)
INVENTORY	ORGANIZATION(S)	JOB COSTING	ORGANIZATION(S)
PERFORMANCE MEASUREMENT	ORGANIZATION(S)	PROJECT ACCTG/PROJECT BILLING	ORGANIZATION(S)
PURCHASING	ORGANIZATION(S)		

PRINTER ID FOR PRINTING PO (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

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

SIGNATURE OF AGENCY SECURITY COORDINATOR	DATE	TELEPHONE