

**Justice Administration Commission  
FLAIR Access Request Form for Judicial Related Offices**

Access Request Type:		Request Date:	
If update or delete requested enter FLAIR user ID:			

**Employee's Information**

First Name:		MI:		Last Name:	
Judicial Related Office:			Position Title:		
Phone # (enter numbers only):			User's Email:		
People First User ID:			Supervisor		

Will user be approving PCard charges?		Should user have access to RDS accounting reports?	
Will user approve Pcard charges using the "Due Process" ORG code?		Should user have access to RDS payroll reports?	
Will user access FLAIR through NASSAM?		If printing reports, provide existing FLAIR Printer ID or select CREATE ID.	
Will user need RDS Access?		If accessing reports, provide the name of current or previous user who received the reports.	

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 drop downs in the last section.

Pick type(s) of access below:

Options: I = Inquire Only; U = Input/Update; Fields default to Prohibited

Basic Access		Employee Travel information		Pick additional FUNCTIONS & OPTION needed below	
I	AD - Account Desc - Departmental	I	TH-Employee Travel Hist - Central		
I	SC - State CFO Files - Departmental				
I	VS - Vendor - Statewide - Departmental	<b>PCard Approver</b>			
I	PW-Paid Warrant Indx - Central	U	CD - Purchasing Card - Departmental		
I	SA-Account Balance - Central				
I	VH-Vendor History				

**Employee Acknowledgement**

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:	
User's Name - printed:		Supervisor's Name - printed:	
User's Title - printed:		Supervisor's Title - printed:	
Date:		Date:	

**Financial Services Use Only:**

DACA USERNAME:	JAC	RACF USERNAME:	JAC	PRINTER ID:	P
Org Codes assigned:		Other info:			
FLAIR request approved & processed by:				Date:	