

SFTP USER ACCESS REQUEST FORM

Purpose: This form is used to establish a user account within FI\$Cal's SFTP server to facilitate the secure transfer of data.

Instructions:

Do not communicate Internet Protocol (I.P.) addresses over email. FI\$Cal will call you to obtain this confidential information.

1. **Type:** Select to create, modify or inactivate a user account.
2. **User Information:** Complete by providing the requested information for all fields containing an "*".
3. **Action to take:** Select to add or remove access to the SFTP server.
4. **User Agreement:** Read and understand this statement. Your signature indicates agreement.
5. **User Signature:** The User employee must sign this section.
6. **Authority / Designee Agreement:** Read and understand this statement. Your signature indicates agreement.
7. **Authority / Designee Authorization:** This signature block must be signed by an established authority or designee of the requesting organization.
8. This form must then be scanned and emailed to fiscal.cmo@fiscal.ca.gov. The email must be sent by the Authority or Designee who signs section 4, using his/her official State email account.
9. **Questions:** Questions relating to the completion of this form can be emailed to fiscal.cmo@fiscal.ca.gov.

1. Type		
Create	Modify	Inactivate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. User Information					
First Name*	Middle Initial	Last Name*	Title		
Department Name*	Mailing Address of Department				
City	State	Zip Code	Phone Number*	Fax Number	
Email Address*				State Employee*	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

3. Action to take		
Add	Remove	
<input type="checkbox"/>	<input type="checkbox"/>	Access to Development SFTP server
<input type="checkbox"/>	<input type="checkbox"/>	Access to Production SFTP server
<input type="checkbox"/>	Account will be used as service account for automated transfers.	

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4. User Agreement:

By signing section "5. User Signature", you certify that access to the processes and data within the FI\$Cal System is to fulfill assigned job duties.

I understand and agree to comply with all State and federal policies, regulations and statutes, including but not limited to: California Information Practices Act of 1977 (Civil Code Section 1798, et seq.); California Public Records Act (Government Code Sections 6250-6265); State Records Management Act (Government Code Sections 14740-14770); Comprehensive Computer Data Access and Fraud Act (Penal Code Section 502); and the State Administration Manual Section 5300-5399. I understand that I may have access to private and confidential data which must be handled according to aforementioned State and federal policies, regulations and statutes. I understand and agree that I will not share my ID and/or password nor will I log in to allow others access to the system.

5. User Signature

User

Signature

Printed Name

Date

6. Authority / Designee Agreement:

By signing section "7. Authority / Designee Authorization", you certify that you are an established FI\$Cal Department Authority or Designee for the requesting organization, and that you are authorizing and requesting FI\$Cal to create an SFTP user account for the indicated User.

7. Authority / Designee Authorization

Departmental Authority or Designee

Signature

Printed Name

Date