Unemployment Insurance Database Management System Access Request Form – (for State use)

<u>Instructions:</u> All parts of this form are to be completed by manager/authorizing official. Rules of Behavior for the Unemployment Insurance Database Management System (UIDBMS) should be read and understood by users before access to the system is granted. A copy of this form will be retained in the files in the event of an Office of Inspector General (OIG) audit. All System Administrators must retain the original of this form for OIG auditing purpose.

Employee departures: When an employee leaves the organization, such as retires, resigns, etc., a copy of this form must be completed to disable that employees account within 1-3 business days upon the employee's departure. This form must be completed by the manager of that employee.

A. General User Info	rmatic	on					
1. Identify type of employe	e:	State State Co	ontractor				
Company Name (if o	contracto	r):					
2. Name of User						3. Job Title	
First Name:		Last Name:					
4. Office Location		5. Phone Number			6. Email Addre	SS	
<select state=""></select>		()					
7. Identify Type of Accoun	nt:	Permanent	Т	emporary	En	nergency	
8. Benefit Accuracy Mes Action Requested: User Type: Investigato	asurem Add	ent (BAM) Delete		ify	Supe	ervisor Access	
Please check (X) all access l	lavals va						
BAM Select Rights		Case Assignment		Case Conversion		Case Reassignment	
Case Review Report		Change Control Information		DCI Report		Interstate Request Logs	
New Investigative Assignments		Official Time Lapse		Rates Calculation	ns 🗆	Reopen Completed Cases	
Sample Characteristics		Sample Validation		Set BAM Function	ons	Set Functions	
Set Local Office Table		Set Validation Limits		Set Validation Ti Limits	me	Stamp	
Standard Reports		Supervisor Sign Off		Update Cases		User Defined Time Lapse	

9. UI – Data Validati	ion (DV)			
Action Requested:	Add	Delete	Modify	
Please check (X) all acce	ess levels you wish	to grant the user		
Tax User	Bene	fits User		
10. Tax Performance	e System (TPS)			
Action Requested:	Add	Delete	Modify	
Please check (X) all acce	ess levels you wish	to grant the user		
End User				
11. Unemployment I	nsurance Repor	is (UIR)		
Action Requested:	Add	Delete	Modify	
Please check (X) all acce	ess levels you wish	to grant the user		
End User				
12. System Administ	rator			
Action Requested:	Add	Delete	Modify	
Please check (X) all acce	ess levels you wish	to grant the user		
Limited Access				
C. Comments				
c. comments				
13. Enter any additions	al comments			

14. User Signature and Date			
Printed Name	Signature	r	Date
Reviewed Rules of Behaviors for	Unemployment Insurance Database	Management System: YES	NO 🗆
15. Federal Managers Signatu	re and Date		
Printed Name	Signature	Date	
Z. Account Access Detai	ls (This section is to be com	pleted by the System Administre	ator)
16. Please check (X) which typ	e of action you are taking:		
☐ ADD ☐ DISABLE	☐ MODIFY		

Date

Printed Name