

STAR Finance Security Authorization Request

Submit separate requests for each individual. Check desired authorization action.

- ☐ Establish Security Privileges
(Complete all fields in Sections I, II, and III)
- ☐ Revise Current Security Privileges
(Complete all fields in Sections I, II, and III)
- ☐ Remove Current Security Privileges
(Complete all fields in Section I and agency financial manager acknowledgement in Section III)

To complete this Request: Use the tab key, arrow keys or mouse to move between answer fields. See back page for instructions on how to complete the form.

Section I: User Profile

Employee's Name	Employee ID	Employee's IAM
Agency Name	Business Unit (BU) Number	Employee's Division Name

To submit this form: Send a scanned copy of this signed and completed form to the STAR Office at: STARSupport@wisconsin.gov. Upon approval from SCO, security access will be provisioned by the STAR security team.

Section II: Requested Security Privileges

STAR FINANCE SECURITY ROLE Security Role Description	Provision Roles?	Authorized for Additional Attached Entities?
WI_AGENCY_SECURITY_REQUESTOR The Agency Security Requestor can submit requests to add roles through the STAR enterprise security request page and can also submit requests to lock employees.		
WI_AGENCY_SECURITY_APPROVER The Agency Security Approver can approve agency security requests submitted by an Agency Security Requestor through the STAR enterprise security request page.		
WI_SCO_SECURITY_APPROVER The SCO Security Approver can approve any security requests flagged by the STAR system as a Segregation of Duties (SOD) conflict. Note: Only to be provisioned to certain staff in the State Controller's Office.		

Section III: Acknowledgements

Agency Requesting Employee Acknowledgement

I, the requesting employee, acknowledge and attest that I am knowledgeable about the STAR enterprise security request process and have reviewed relevant resources to properly understand the security request and/or approval process. Additionally, I, the requesting employee, acknowledge the policy of least privilege and will only request security roles and/or approve security requests that align with individual employees' job duties.

(REQUESTING EMPLOYEE SIGNATURE)	(DATE SIGNED)
(PRINTED NAME)	(JOB TITLE)

Agency Financial Manager Acknowledgement

I, the approving agency financial manager, acknowledge that provisioning the denoted roles in SECTION II to the above designated agency employee is concurrent with their job duties and responsibilities, and the employee is adequately trained in administering STAR Finance security through the STAR enterprise security request page.

(FINANCIAL MANAGER SIGNATURE)	(DATE SIGNED)
(PRINTED NAME)	(JOB TITLE)

Agency Division Administrator Acknowledgement

I, the approving division administrator, acknowledge and hereby delegate the above designated agency employee to request and/or approve STAR security forms through the STAR enterprise security request page. I understand that this authorization gives the employee the capacity to create, revise, and retract agency staff's access and use of STAR Finance applications.

(DIVISION ADMINISTRATOR SIGNATURE)	(DATE SIGNED)
(PRINTED NAME)	(JOB TITLE)

STAR Finance Security Authorization Request Instructions

BACKGROUND

Within the STAR Finance environment, employees require various levels of access to complete their job duties. Access is granted within STAR Finance through security roles and row security. A security role allows a user to view and/or interact with specific pages within the STAR Finance modules (e.g., AP, AR, GL, P-Card, etc.). The WI_AGENCY_SECURITY_REQUESTER and WI_AGENCY_SECURITY_APPROVER roles allow users to enter and approve security requests, respectively. Requests to establish or modify access to these roles should be made by completing the STAR Finance Security Authorization Request form.

INSTRUCTIONS - All sections noted under each authorization action must be filled out to process the security authorization request.

- **ESTABLISH, REVISE, OR REMOVE SECURITY PRIVILEGES** – Select using the checkboxes whether this request is to establish new security roles for an employee, revise an employee's current security privileges, or remove an employee's security privileges with regards to the WI_AGENCY_SECURITY_REQUESTER, WI_AGENCY_SECURITY_APPROVER, or WI_SCO_SECURITY_APPROVER roles. If removing an employee's security privileges, both requestor and approver roles will be removed by default unless the agency specifies in its request which roles are to be removed (Agencies may specify roles to be removed in the initial email sent to STAR).
- **SECTION I** – For 'Business Unit (BU) Number' only the main BU needs to be entered (Attached BUs/Entities are included under Section II).
- **SECTION II** – Enter "Y" or "N" for each of the three roles noted in section II under the 'Provision Role?' column. The WI_SCO_SECURITY_APPROVER has "N" filled out by default. If an employee is being authorized for additional attached entities, list all additional BUs for each role under the 'Authorized for Additional Attached Entities?' column. If no additional entities are being authorized, enter "N/A" for each role in the column. The WI_SCO_SECURITY_APPROVER has "N/A" filled out by default.
- **SECTION III** – Acknowledgements must be completed by the employee who is being provisioned the security roles, the agency financial manager, and the employee's division administrator when establishing or revising security privileges (only the agency financial manager's acknowledgement is needed if removing security privileges). Agencies may provide either physical or electronic signatures for each acknowledgement. Agencies that are unable to provide either physical or electronic signatures may submit emails originating from the employee, agency financial manager, and the employee's division administrator attesting that they request/approve the security authorization as a substitute for the signatures. If substituting the signatures with emails, enter "N/A – See Attached Emails" in each 'signature' field.

SUBMISSION INFORMATION AND SCO CONTACT INFORMATION

Completed forms can be electronically submitted to STARSupport@wisconsin.gov for processing. For questions regarding this form or the security authorization process, please forward questions to DOADEBFAuditServices@wisconsin.gov.