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| Department of AdministrationExecutive Budget & FinanceState Controller’S Office | STAR Finance Security Authorization Request |  |  |
| DOA-6305 (R12/2019) |
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Submit separate requests for each individual. Check desired authorization action.

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| [ ]  Establish Security Privileges | [ ]  Revise Current Security Privileges | [ ]  Remove Current Security Privileges | **To complete this Request**: Use the tab key, arrow keys or mouse to move between answer fields. Select the appropriate checkboxs where applicable and denote provisioning with a “Y” or “N”. |
| (Complete Sections I, II, & III) | (Complete Sections I, II, & III) | (Complete Section I and one acknowledgement in Section III) |
| Section I: User Profile |
| Employee’s Name | Employee ID | Employee’s IAM | **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. |
|       |       |       |
| Agency Name | BU Number | Employee’s Division Name |
|       |       |       |

Section II: Requested Security Privileges

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| **STAR FINANCE SECURITY ROLE****Security Role Description** | **Provision Role?**(Y/N) | **Authorized for Additional Attached Entities****(List All Additional BUs)** |
| **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. | N |       |

Section III: Acknowledgements

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| *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) |

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| *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) |

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| *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) |