

**DGS ABMS SECURITY
FISCAL SERVICES PROFILE REQUEST**

FORM FS-1 (Rev 05/2013)

SEND REQUESTS TO:Department of General Services
Office of Fiscal Services
707 Third Street, 9th Floor
West Sacramento, CA 95605
ATTN: Receptionist***Must be completed for all requests. Please submit this completed form to the address above.**

* EMPLOYEE NAME (Full Legal Name)		* ABMS NUMBER	<input type="checkbox"/> Non-DGS Employee
* POSITION NUMBER (Not required for Non DGS Employee)	* CLASSIFICATION TITLE		
* NEED ACCESS FOR OFFICE/BRANCH NAME	* ACCESS FOR AGENCY CODES	* ACCESS FOR REPORTING UNITS	
* ACTION (Select One) <input type="checkbox"/> ADD <input type="checkbox"/> DELETE	Complete a separate form when adding and deleting applications at the same time.		

ACCESS REQUEST**1. PROJECT ACCESS**

SELECT ONE

- RESD Employee
 Non RESD Employee

SELECT ONLY ONE

- Project Support Project Manager CAM Administrator
 Project Coordinator Project Supervisor

2. INQUIRY ACCESS

- DGS Financial Inquiry & Report

3. PURCHASING – Select one responsibility only

- REQUISITIONER
Complete both items:

1. REQUESTING ON BEHALF OF (DGS OFFICE/BRANCH):

2. PRIMARY REQUISITION APPROVER FOR THIS REQUESTOR:

- BUYER
Complete all three:

1. BUYING ON BEHALF OF (DGS OFFICE/BRANCH):

2. PRIMARY P.O APPROVER FOR THIS BUYER:

3. ATTACH A NEW/REVISED DGS 1 SHOWING THIS BUYER RESPONSIBILITY WITH ORIGINAL SIGNATURES

- APPROVER
Complete all seven:

APPROVAL/RELEASE LIMITATIONS:

1. APPROVING REQUISITIONS AND/OR PROCUREMENT DOCUMENTS ON BEHALF OF (DGS OFFICE/BRANCH):

2. LIST NAMES OF ALL BUYERS AND/OR REQUISITIONERS THAT WILL BE FORWARDING TO THIS APPROVER

NOTE: *The dollar value assigned cannot exceed the Director's delegated authority to the Office Chief.*

3. PO's/CONTRACT DELEGATION SERVICE ORDERS (Approve Standard PO's)

\$

4. CONTRACTS/STD. & INTERAGENCY AGREEMENTS (Approve Blanket Purchase Agreements)

\$

5. RELEASE (ENCUMBER) CONTRACTS/STD. & INTERAGENCY AGREEMENTS. (Approve Blanket Releases)

\$

6. ATTACH A NEW/REVISED DGS 1 SHOWING THIS APPROVER RESPONSIBILITY WITH ORIGINAL SIGNATURES

7. ATTACH A COPY OF THE OFFICE CHIEF'S DELEGATION OF AUTHORITY LETTER SIGNED BY THE DIRECTOR

4. FINANCIAL ACCESS

- DGS P.O. SUPPLIER
 OTHER (Describe Access Requested:)

AUTHORIZATION

* SIGNATURE OF OFFICE/BRANCH CHIEF/DESIGNEE 	DATE
* CONTACT PERSON FOR THIS REQUEST	TELEPHONE NUMBER ()

OTR/FISCAL SERVICES USE ONLY

1 ST PROJECT APPROVAL BY: (COA) 	3 rd FINANCIAL-OTHER (SRF) 
2 nd PURCHASING 	4 th SYSTEM ADMINISTRATOR APPROVAL (ETS) 