STATE OF WYOMING

**WOLFS ACCESS SECURITY MAINTENANCE**

**Indicate Action Desired**:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Establish New Access |  | Change Existing User Profile |  | Name Change |  | Cancel All WOLFS Access |

**Section 1: User Profile**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employee’s Name (First, Last – Same as SSN card) | | | Payroll Employee Id #, Vendor Name, or specify temp employee | Existing User ID |
|  | | |  | ( if applicable ) |
| Employee Phone Number | | | Employee Email Address |  |
|  | | |  |
| Agency Number | Agency Name | Home Unit | I request that this employee be assigned the WOLFS access indicated below  Agency Director or CFO Signature Date | |
|  |  |  |

**Section 2: WOLFS Security Profile**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Item 1: Identify the document types, WOLFS access and capabilities the user should be assigned. (Place an X in the applicable boxes.)  Item 2: Identify, if any, what work list the documents will be work flowed to once the document is submitted by the user. Or. should the document submit to final  And not workflow to a work list for approvals? Specify the work list name the document should workflow to or write the word final.  Item 3: Identify, if any, what work list(s) the user will have access to for approving documents. Specify the approval work list name.  **Note\* A User cannot approve their own documents** if the user has access to the specified approval work list for item 3. | | | | | | | | | | | | |
| Check to copy another Wolfs ID profile | | | If checked, please indicate the other user’s name     and user’s ID | | | | | | | | | |
|  | | | If not checked please complete the section below | | | | | | | | | |
|  | | | | | ACCESS CAPABILITES | | | | WORK FLOW | | | OTHER |
| **DOC TYPE** | **TRANSACTION DESCRIPTION** | **WOLFS ACCESS** | | | **SCAN/**  **VIEW** | **ENTER DOCS** | **VALIDATE**  **DOCS** | **SUBMIT DOCS** | **(Item 2) SUBMIT TO WORKLIST or FINAL** | **APPROVE DOCS (\*)** | **(Item 3) APPROVAL WORKLIST** | **OTHER AGENCY(S) ACCESS** |
|  |  | **ALLOW** | | **CANCEL** |  |  |  |  |  |  |  |  |
| BGA120 | Expense Budget |  | |  |  |  |  |  |  |  |  |  |
| BGR121 | Revenue Budget |  | |  |  |  |  |  |  |  |  |  |
| RQS | Requisition |  | |  |  |  |  |  |  |  |  |  |
| MPG | Price Agreement |  | |  |  |  |  |  |  |  |  |  |
| MSC | Service Contract |  | |  |  |  |  |  |  |  |  |  |
| DO | Delivery Order |  | |  |  |  |  |  |  |  |  |  |
| GAE | Mass Encumbrance |  | |  |  |  |  |  |  |  |  |  |
| PRC | Comm. Payment Request |  | |  |  |  |  |  |  |  |  |  |
| PRCRES | Comm. Payment Request |  | |  |  |  |  |  |  |  |  |  |
| GAX | General Expenditure |  | |  |  |  |  |  |  |  |  |  |
| GAXRES | General Expenditure |  | |  |  |  |  |  |  |  |  |  |
| IET | Internal Transaction |  | |  |  |  |  |  |  |  |  |  |
| GEM | Expenditure Mod. |  | |  |  |  |  |  |  |  |  |  |
| RM | Revenue Mod. |  | |  |  |  |  |  |  |  |  |  |
| JRM | Revenue Mod. |  | |  |  |  |  |  |  |  |  |  |
| CR | Cash Receipt |  | |  |  |  |  |  |  |  |  |  |
| CRL | Loan Cash Receipt |  | |  |  |  |  |  |  |  |  |  |
| RE | Receivable |  | |  |  |  |  |  |  |  |  |  |
| DC | Disb. Cancelation |  | |  |  |  |  |  |  |  |  |  |
| AD Cancel | Disb. Cancelation |  | |  |  |  |  |  |  |  |  |  |
| MD Cancel | Man. Disb. Cancel |  | |  |  |  |  |  |  |  |  |  |
| Cost Accounting | CAS, CAM, BGPHE, BGPDE, BGPDR, BGPHR |  | |  |  |  |  |  |  |  |  |  |
| CH | Charge Document |  | |  |  |  |  |  |  |  |  |  |
| Fixed Assets | FA, FD, FM, FI, FX |  | |  |  |  |  |  |  |  |  |  |
| JVA | Journal Voucher |  | |  |  | N/A |  |  | SAO work list | N/A | N/A |  |
| VCC&VCM | Vendor Customer |  | |  |  |  |  |  | SAO work list | N/A | N/A |  |
| WO | Write Off |  | |  |  |  |  |  |  |  |  |  |
| ***Comments*** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **\*\*Please note all WOLFS users will have access to infoAdvantage** | | | | | | | | | | | | |

After completion of this form, forward to: State Auditor’s Office or Fax: (307) 777-6983 or scan & email.

WOLFS Security to address below

Suite E400, Herschler Bldg

Cheyenne, WY 82002

If you have questions please contact the WOLFS Help Desk: saowolfshelpdesk@wyo.gov (307) 777-5258

The State Auditor’s WOLFS (Wyoming On-Line Financial System) access privileges to State employee information come with user responsibilities. Acceptance of these responsibilities is required for initial and continuing access to HRM. Please also be aware of the Statewide IT Policies and Standards, which can be found at [http://ets.wyo.gov/resources/policies-and-standards](http://ets.wyo.gov/resources/policies-and-standards%20) 1200-P142 - User Responsibilities.

As a user of the WOLFS and/or infoAdvantge system(s), I agree to be responsible and accountable for my activities and shall not violate or act with others to violate security policies, procedures, rules, standards, and applicable State and federal laws or regulations.

I agree to be continuously aware that all credentials (e.g., the combination of WOLFS and info User IDs and passwords) that allow access to any State information, data, or system are explicitly the property of the State of Wyoming and only to be used for conducting official business.

I agree I am responsible to protect the credentials assigned to me by the State Auditor’s Office and shall not share these credentials with anyone else. If credentials are compromised, lost, or stolen, I shall immediately report this to the agency WOLFS Authorized Liaison and the State Auditor’s Office.

I shall abide by all procedures pertaining to information security, confidentiality, and privacy when handling information owned by or entrusted to the State, for example information about vendors, payroll deductions, salaries, social security numbers, bank account numbers, etc. I agree to respect others’ privacy when handling their personal information and shall take appropriate precautions to protect restricted information, especially when transmitted or received via computer networks and all other communication sources.

I will not disclose restricted State information entrusted to my safekeeping to anyone not authorized to receive such information.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Printed Name |  |  |
|  |  | User ID (WOLFS/InfoAdvantage ID) |
|  |  |  |
|  |  |  |
|  |  |  |
| Signature |  |  |
|  |  | Agency Number and Name |
|  |  |  |
|  |  |  |
| Date |  |  |