

STATE OF WYOMING PAYROLL/WOLFS SECURITY FORM

Indicate Action Desired:

- Establish New Access
 Change Existing User Profile
 Cancel All Access

Section 1: User Profile

Name	Employee Id # (if applicable)
Phone Number	I request that this individual be assigned the access indicated below <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="display: flex; justify-content: space-between;"> Designated Security Liaison Date </div> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="text-align: center;">Printed Name</div>
Email Address	
Home Agency Number	
If requesting access to departments other than home department please list them here:	

Section 2: Copy User – If you would like to copy an existing user’s access please complete below, if not proceed to Section 3.

If you would like to copy another user’s security and worklist access please select which system or both and fill out the user information below	<input type="checkbox"/> Check to copy WOLFS Access and Worklists <input type="checkbox"/> Check to copy Payroll Access and Worklists
User to Copy _____	
User ID _____ User Name _____	

Section 3: Security Roles- Only complete this section if you left Section 2 blank.

If requesting specific access to document/activity folders. Then please indicate that access Below.				
Roles	Document Access	Read Only Access	Update Access	Exclusions/Exceptions
WOLFS Security				
Accounts Payable	GAX/PRC/PRCC/IET/GEM/PREXP/WO/CR/DC/AD Cancel/MD Cancel			
Accounts Receivable	CR/RM/RE/CRL/IET			
Procurement	RQS/MPG/MSC/GAE/POGG			
Fixed Assets	FA/FD/FM/FX			
Cost Accounting	CAS/CAM/BGPHE/BGPHR/BGPDE/BGPDR/CH/ POGG			
Cost Allocation	CA/CH/Batch Jobs			
Vendor Management	VCC/VCM			
Debt Management	LEASES/LEASEM			
Budget Management	BGA120/BGR121			
WOLFS infoAdvantage Reports	WOLFS infoAdvantage Reports			
Payroll Security				
HRM All Documents	Payroll All Documents			
HRM Payroll Management	TADJ/ESMT/NPD/TAX/LDPM/LEAV			
HRM ESS Password Resets	HRDOC			
HRM Time and Leave Management	TADJ/LEAV/ESMT			
HRM Employment Management	NEMP/ESMT/DEPTD/ADDR/ATTR/EMER/DEPTA/ LDPM			
HRM Deduction Management	NPD/TAX/PENS/MISC/MISA/			
HRM infoAdvantage Reports	HRM infoAdvantage Reports			
Interface Processing				
Payroll Interface processing	Payroll Interfaces			
WOLFS Interface processing	WOLFS Interfaces			

Uniform Accounting System User Responsibilities

Section 4: Document Approval – Only complete this section if you left Section 2 blank.

If an employee needs access to approve documents please indicate the worklist name(s) they will need access to below.

The State Auditor’s Uniform Accounting System access privileges to State employee information come with user responsibilities. Acceptance of these responsibilities is required for initial and continuing access. Please also be aware of the Statewide IT Policies and Standards, which can be found at <http://ets.wyo.gov/resources/policies-and-standards> 1200-P142 - User Responsibilities.

As a user of the systems (HRM Payroll/WOLFS/ infoAdvantage), 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 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 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

 Signature

 Date