



Expense Management System (EMS) Access Request

(also known as Telephone Billing and Telecommunications Cost Management System)

Fax completed forms using Secure Mail to: DTI Fiscal Office at (302) 677-7060
 Estimated access activation from date of receipt of completed form is **5 business days**

(1) Requester Information

Request Type: Add Logon Delete Logon Add Access to ID Delete Access to ID Update ID

User's Name: Last: First: M.I.:

Employee ID (6 digit): SSN (Last 4): ACF2 Logon ID:

Phone: Email Address:

Organization:

Select One: Employee Contractor Vendor Casual Seasonal Temporary

Reason for Request:

Duration of Use: Continuous Temporary (must specify dates): Start Date: End Date:

(2) Complete for Access to Work Order Module

Access Type: Read Only Read/Write

Authorization Level: Order Entry Only Order Approval Only Order Entry and Approval

Define Scope of Access by Dept. ID (Department, Division, Section (DDS)), and any other restrictions:

Dept. ID Number(s) Example:
 Dept. ID Number(s) Someone requesting access to all of Department 99, would enter 99-00-00
 Dept. ID Number(s) Those requesting access to Department 99, Division 99 would enter 99-99-00
 Other While 99-99-99 would be entered for access to Department 99, Division 99, and Section 99

(3) Complete for Access to Chargeback Detail Reports

Define Scope of Access by Dept. ID (Department, Division, Section (DDS)), and any other restrictions:

Dept. ID Number(s) Example:
 Dept. ID Number(s) Someone requesting access to all of Department 99, would enter 99-00-00
 Dept. ID Number(s) Those requesting access to Department 99, Division 99 would enter 99-99-00
 Other While 99-99-99 would be entered for access to Department 99, Division 99, and Section 99

Print this form and complete the bottom portion manually.

(4) Authorization and Approval

I have read and signed the terms and conditions of the Acceptable Use Policy (AUP) and agree to abide by them.

User's Signature:

Date:

If the services provided by the Department of Technology and Information are related to Federal programs, State Special funded programs, or programs which are related to Federal programs, State special funded programs, or programs which are not directly funded by my agency's allocation, my agency agrees to reimburse DTI for all services provide at the prevailing DTI rate.

I, the undersigned, agree to the above conditions.

Agency Information Security Officer (ISO) Name

ISO Phone:

ISO Signature of Approval:

Date Approved: