

**Financial Management Information Systems  
Agency FMIS Functional Coordinator &  
Agency FMIS Security Officer Designation Form**

Agency Name:

Please check appropriate system:

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<b>Functional Coordinator</b> (primary)	Action:	<input type="radio"/> ADD	<input type="radio"/> DELETE
Name (type or print)	<input type="text"/>		
Signature:	<input type="text"/>		
Title:	<input type="text"/>		
Work Address	<input type="text"/>		
Telephone Number	<input type="text"/>	FAX Number:	<input type="text"/>
Email address:	<input type="text"/>	ACF2 logon ID	<input type="text"/>

<b>Functional Coordinator</b> (secondary)	Action:	<input type="radio"/> ADD	<input type="radio"/> DELETE
Name (type or print)	<input type="text"/>		
Signature:	<input type="text"/>		
Title:	<input type="text"/>		
Work Address	<input type="text"/>		
Telephone Number	<input type="text"/>	FAX Number:	<input type="text"/>
Email address:	<input type="text"/>	ACF2 logon ID	<input type="text"/>

**Security Officer for all applications**

<b>Agency Security Officer</b> (primary)	Action:	<input type="radio"/> ADD	<input type="radio"/> DELETE
Name (type or print)	<input type="text"/>		
Signature:	<input type="text"/>		
Title:	<input type="text"/>		
Work Address	<input type="text"/>		
Telephone Number	<input type="text"/>	FAX Number:	<input type="text"/>
Email address:	<input type="text"/>	ACF2 logon ID	<input type="text"/>

<b>Agency Security Officer</b> (secondary)	Action:	<input type="radio"/> ADD	<input type="radio"/> DELETE
Name (type or print)	<input type="text"/>		
Signature:	<input type="text"/>		
Title:	<input type="text"/>		
Work Address	<input type="text"/>		
Telephone Number	<input type="text"/>	FAX Number:	<input type="text"/>
Email address:	<input type="text"/>	ACF2 logon ID	<input type="text"/>

**Authorized by Agency Official**

**Date:**

Name (type or print)	<input type="text"/>		
Signature:	<input type="text"/>		
Title:	<input type="text"/>		
Work Address	<input type="text"/>		
Telephone Number	<input type="text"/>	FAX Number:	<input type="text"/>
Email address:	<input type="text"/>	ACF2 logon ID	<input type="text"/>

Authorization must be made by the Department Secretary or Chief Fiscal Officer of the agency. It is understood that the persons named above as Functional Coordinator or Security Officer will be recognized by the EIS Security Services as the only individuals having authority to request access to FMIS for employees of the named agency according to the defined FMIS security procedures.

**Financial Management Information Systems**  
**Agency FMIS Functional Coordinator and Agency FMIS Security Officer Designation Form**  
**INSTRUCTIONS**

**Purpose:** The purpose of this form is to inform the EIS Security Services of those persons authorized by an agency to request access to the Financial Management Information Systems (FMIS) for employees of the named agency according to the defined FMIS security procedures. When completed, the form should be **scanned and emailed to [securityservices.doit@maryland.gov](mailto:securityservices.doit@maryland.gov)**

**Agency Name:** The name of the agency designating the Functional Coordinators and Security Officers.

**Appropriate System:** Circle the appropriate system that applies to the application needed. Functional Coordinators should be individuals who understand the application in which they will authorize users. The Security Officer will be the same person throughout all applications.

Each agency must designate one primary Functional Coordinator and one primary Security Officer. Each agency may designate one or more secondary Functional Coordinators and Security Officers. For each person designated, enter the following:

**Action:** Add - check if adding the person as a Functional Coordinator or Security Officer.

Delete -check if deleting the person as a Functional Coordinator or Security Officer.

**Name:** Type or print the full name of the person being designated.

**Signature:** Signature of the person being designated. The signature must be an original. It cannot be photocopied or stamped.

**Title:** Job title of the person being designated.

**Work Address:** Work address of the person being designated.

**Telephone Number:** Telephone number of the person being designated.

**FAX Number:** If a facsimile telephone number is available, please enter that number.

**Email Address:** E-mail address of individual designated.

**ACF2 Logon ID:** ACF2 logon ID for the individual listed. Access to view the security screens for the applications the user is responsible for will be granted to the individual.

**Authorized by Agency Official:** The Department Secretary or Chief Fiscal Officer of the agency must authorize the designation of the Agency FMIS Functional Coordinators and Agency FMIS Security Officers by entering the following:

**Date:** Enter the date the designation form is signed by the agency official.

**Name:** Type or print the full name of the agency official authorizing the designation of the Functional Coordinators and Security Officers.

**Signature:** Signature of the agency official authorizing the designations. The signature must be an original. It cannot be photocopied or stamped.

**Title:** Job title of the agency official authorizing the designations.

**Work Address:** Work address of the agency official authorizing the designations.

**Telephone Number:** Telephone number of the agency official authorizing the designations.

**FAX Number:** If a facsimile telephone number is available, please enter that number.

**Email Address:** E-mail address of Authorizing Official

**NOTE:** For adequate internal control, one person WILL NOT be appointed as both the Functional Coordinator (primary or secondary) and the Security Officer (primary or secondary).