

METROPOLITAN DADE COUNTY
AUTOMATED BUDGET DEVELOPMENT SYSTEM
SECURITY ACCESS FORM

DATE: / /

-IF THIS IS A NEW USER I.D. ACCESSING ABDS OR IF YOU ARE MODIFYING AN EXISTING USER I.D., FILL IN SECTIONS A, B, AND C ACCORDINGLY.

IF YOU ARE REQUESTING A DELETION OF A USER I.D., FILL IN SECTION A.

IF YOU ARE REQUESTING A DELETION OF A PARTICULAR ACCESS LEVEL FOR AN EXISTING USER I.D., PLEASE FILL IN SECTIONS A AND C.

USER I.D. : 3 TO 7 CHARACTERS INCLUDING NUMBERS; ID MUST START WITH A LETTER. IF YOU HAVE A USER I.D FOR ANY OTHER SYSTEM, YOU ARE REQUIRED TO USE THE SAME USER I.D. FOR ABDS.

PRINTER RJE # : REMOTE PRINTER WHERE YOU WOULD LIKE YOUR REPORTS PRINTED. (DEFAULT N1=OCSIS)

ACCESS LEVEL : THE ACCESS LEVEL WILL DETERMINE THE SCOPE OF THE DATA ALLOWED TO BE VIEWED.

EXAMPLE1: EN:01 DP:14 DV:** ACCESS WILL BE ALLOWED TO DEPARTMENT 14 AND ALL DIVISIONS WITHIN IT.

EXAMPLE2: EN:01 DP:67 DV:02 ACCESS WILL BE ALLOWED TO DEPARTMENT 67 AND DIVISION 02 ONLY.

NOTE: A USER MAY HAVE MORE THAN ONE ACCESS LEVEL (C.1, C.2, C.3). EACH FORM PROVIDES ROOM FOR THREE ACCESS LEVELS. IF ADDITIONAL ACCESS LEVELS ARE NEEDED, PLEASE SUBMIT ANOTHER FORM.

WHEN FILLING OUT THIS FORM, PLEASE PRINT.

SECTION A.

USER I.D.: _____ NEW _____ MODIFY _____ DELETE _____

AUTHORIZING SIGNATURE: _____ ___/___/___

SECTION B.

NAME: _____

TITLE: _____

TELEPHONE #: ___-___-___

WORK ADDRESS: _____

PRINTER RJE #: _____

SEE OTHER SIDE FOR SECTION C.

