

**SECURITY REQUEST FOR ONLINE ACCESS TO STARS/FAS**

AGENCY NAME		AGENCY CODE	CONTACT NAME		PHONE #	DATE
A=Add C=Chg D=Del	STARS OPERATOR ID			EMPLOYEE NAME		
	(List alternatives in case the ID has been assigned)					
	Choice #1	Choice #2	Choice #3	(max 20)		
If the new Operator is replacing or duplicating an existing Operator, the Operator ID to be replaced/duplicated is:						

For CICS as it pertains to the new operator:	Are File transfers done by FTP, TSO or Other:	
	Name of JCL job(s) submitted:	
	Latest CICS Oper ID used (if any):	

STARS DATA ENTRY – Indicate with an X the type of STARS transactions this Operator will be entering:									
None	Budgetary	Receipts	Encumbrances	Expenditures	Grants	Rotary	Cash Transfer	Recurring	All
Or – Indicate the STARS Operator Class from the D66 Descriptor Table:									
FAS DATA ENTRY – Indicate with an X the type of FAS transactions this Operator will be data entering:									
None		Acquisitions			Dispositions			Trade Ins	
Or – Indicate the FAS Operator Class from the F66 Descriptor Table:									

STARS/FAS RELEASE AND TABLE SECURITY CONTROLS					
ACCOUNTING TRANS			FIXED ASSET APP LVL		
RELEASE FLAG			FAS OPERATOR CLASS		BUDGET UNIT
DATA ENTRY AGCYS:			FAS INQUIRY/MAINT		
RANGE 1			FAS DATA ENTRY		DESCRIPTOR
RANGE 2			FAS DESCRIPTOR		INDEX CODE
SECURITY ORG			FAS MASS UPDATES		ORGANIZATION CONTROL
RESP AGENCY			FAS PP RELEASE		PROGRAM COST ACCOUNT
BATCH EDIT MODE		1	FAS LOCATION1		GRANT CONTROL
WARRANT WRITING		0	FAS CHANGE FUNDING		PROJECT CONTROL
WARRANT STATUS					TRANSACTION CODE
ROTARY REDEMPTION			REPORT REQUEST	0	VENDOR EDIT
APPROVAL LEVEL			SECURITY TABLE	0	VE SELECT IND
MENU TYPE		0	NEWS/HELP TABLE	0	ABA FILE MAINTENANCE
PRINTER ID		DB01	RECURRING TRANS		ONLINE FILE INQUIRY
			REC TRANS REQUEST		PRIOR PRD POST IND
			SYSTEM MANAGEMENT	0	PRIOR YEAR POST IND
FUND OVERRIDE		Blank	REPORT DISTRIBUTION	0	
DAY INDICATOR					
WORK HOUR RANGE					

**We understand** that any changes made to these tables can effect the financial reporting during the current fiscal year in addition to effecting the comparison reporting across fiscal years. **We accept** full responsibility for the results from making the changes and additions. **We understand** the importance of reviewing with the State Controller's Office staff any changes being made to the above tables, in order to see how they effect financial reporting for our agency. Additionally, the undersigned user agency fiscal officer accepts full responsibility for making corrections of reporting errors occurring as a result of changes made to the tables.

**FISCAL OFFICER Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**AGENCY STARS SYSTEM ADMINISTRATOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SCO APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Send form to: Fax: 208-334-3415 or E-mail: STARS\_Security@sco.idaho.gov