

STATE OF IDAHO – Office of the State Controller
**IBIS TRANSFER / ADD LICENSE REQUEST
INSTRUCTIONS**

Rev: 8/14/2012

PURPOSE

The purpose of this form is to identify those employees who will have secure access to the Idaho Business Intelligence Solution (IBIS). This form identifies those employees that are selected by the agency director/elected official or designee to have access to secure data within the IBIS data warehouse. This authorization form was established to allow easier management of the security authorization for both agencies and the Office of the State Controller.

OVERVIEW

The IBIS Transfer / Add license request form is divided into four sections.

Section 1 is the agency's contact person. This employee is in charge of completing the form and is the person SCO will contact if there are any questions about the form.

Section 2 is the list of Authorization Codes that an IBIS user may be given access to.

Section 3 is split into two separate sections. The first section allows an agency to transfer a license from one user to another. The second section allows an agency to add a new license or update an existing IBIS user's authorization codes.

Section 4 is the legal authorization to Transfer/Add/Update IBIS licenses by the agency director or elected official. If the "Agency Director or Elected Official" has authorized someone else to sign for them, this employee may use their authorized "Signed-By" signature in place of the Agency Director or Elected Official's actual signature.

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INSTRUCTIONS TO COMPLETE FORM

The form is an interactive PDF. The form may be filled out online and printed or one can print out a blank form and fill it in by hand. If filling out by hand please use blue or black ink to complete the form.

Section 1

Contact Name – Enter the name of the person who should be contacted in case there are questions about the content of the form

Phone – Enter the Contact Name's phone number

Date – Enter the effective date for this form to become active

Agency Name – Enter the agency name for which the employee will be requesting IBIS access

Agency Number – Enter the 3-digit agency number corresponding to the agency name

Section 2

Authorization Codes – This designates which data items the employee will have access to in IBIS. If IBIS user is requesting 3, 4, and/or 5 the user will also be given 2 automatically.

1. IBIS – STARS Data
2. IBIS – Payroll / Personnel Non-Confidential
3. IBIS – Payroll / Personnel Confidential
4. IBIS – Payroll / Personnel Earnings
5. IBIS – Payroll / Personnel Deductions

Section 3

Transfer License

From (Print Name) – Enter the name of the employee who holds existing license

To (Print Name) – Enter the name of the **new** user

Position Title – Enter the new user's Position Title

Phone – Enter the new user's phone number

E-Mail – Enter the new user's e-mail address

Signature – New user's signature

Enter Authorization Code(s) – Enter the Authorization Code number(s) selected from the Authorization Codes lists in Section 2

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Add New License / Change Authorization Codes

Please indicate if a new license is being added or if an existing user is changing their authorization codes.

Type of License: (applicable only if adding license)

Please indicate which license you will be adding for the employee.

- Advanced Business Author – Allows access to Business Insight Advanced and Query Studio
- Professional Author – Allows access to Business Insight Advanced, Query Studio and Report Studio
- Consumer – Allows access to run reports previously created by Advanced Business/Professional Authors. Consumer users cannot create their own ad-hoc reports.

Print Name – Enter the name of the IBIS user

Position Title – Enter the IBIS user’s Position Title

Phone – Enter the IBIS user’s phone number

E-Mail – Enter the IBIS user’s e-mail address

Signature – IBIS user’s signature

Enter Authorization Code(s) – Enter the Authorization Code number(s) selected from the Authorization Codes lists in Section 2.

Comments – Enter any applicable comments as necessary.

Section 4

Approved By: - The director or elected official of the agency or his/her designee, as the “Signed By” signature, must sign the form here.

Date – Enter the date the form was signed by the agency director or elected official or designee as “Approved-By” signature.

Please send the completed form to:

Fax: 208-334-2671

or

Mail:

Office of the State Controller
5th Floor Administration
P.O. Box 83720-0011
Boise, ID 83720-0011

Contacts:

DSPHelp@sco.idaho.gov

phone: 208-334-3100

DSAHelpline@sco.idaho.gov

phone: 208-334-3150

SCOHelpdesk@sco.idaho.gov

phone: 208-334-4808