Request for Clearance: Information Access Warehouse

Follow the instructions on page 2 to complete this form.

1. **Select Action:** ☐ **Grant** Clearance ☐ **Cancel** Account ☐ **Modify** Existing Account

2.

User's Last Name:	**First Name:**	**MI**	**Employee ID #:** (8 Digits)
Agency Name:	**Accounting Agency Code(s):** See pg. 2	**Division Name:** (if applicable)	
User's Address or Location:			
User's Logon ID:	**User's E-mail Address:** (to receive IA Warehouse status & update messages)	**User's Work Phone Number:**	

3. **Category of data for which access is required:**

Human Resources / Payroll (Current SEMA4 Data)
- ☐ Human Resources
- ☐ Payroll (Earnings, Leave, Deductions)
- ☐ Benefits
- ☐ Labor Distribution

Accounting / Procurement (MAPS Data from 1995-2011)
- ☐ Accounting (Agency Codes Required)
- ☐ Customer
- ☐ Procurement (Agency Codes Required)
- ☐ Vendor
- ☐ Warrant Status (Also included in Accounting)

4. I understand that some types of data about employees, vendors, customers, and other individuals are classified as private and/or confidential under state and/or federal laws. Private data may appear in a variety of reports, tables, records, and fields. I have been provided with, and agree to comply with, the requirements of the Minnesota Government Data Practices Act regarding all data that is not public. (Access to tables containing private data about employees also requires a SEMA4 security record.)

Signature of User:	**Title:**	**Work Phone:**	**Date:**

5. I understand that authorizing the user for any category of data is likely to result in him/her receiving access to some private and/or confidential data about one or more of the following: employees, vendors, customers, or other individuals. Private data may appear in a variety of reports, tables, records, and fields. I certify that the user needs access to the categories checked above in order to carry out the responsibilities of his/her job.

Signature of Supervisor:	**Email Address:**	**Work Phone:**	**Date:**
Signature – Agency Security Administrator:	**Email Address:**	**Work Phone:**	**Date:**

Minnesota Management & Budget
400 Centennial Building
658 Cedar Street
St. Paul, MN 55155
E: operationssecurity.mmb@state.mn.us
F: (651)797-1346
P: (651)201-8100, Option 2

Instructions for Form "Request for Clearance: Information Access Warehouse"

1. **Select Action**: **Grant** clearance to a new user, **Cancel** a user's IA clearance, **Modify** a user's existing IA account.

2. **EMPLOYEE ID #:** This is an eight-digit number assigned by the Statewide Employee Management System (SEMA4). Your agency's personnel/HR office should be able to provide this information.

   ACCOUNTING AGENCY CODE(S): This field applies only to the **Accounting** and **Procurement** categories of data. Include all agency codes required for access to the Information Access Warehouse for these categories. Access to **Human Resources, Benefits,** and **Payroll** tables that contain high concentrations of private data is controlled by the department ID's (agency codes) in the user's **SEMA4** security record.

   USER'S LOGON ID: To access the IA warehouse, a user needs a logon ID. If a user has transferred from another state agency where he/she had a logon ID, a **new** logon ID is needed.

   A. If the user has been assigned a mainframe logon ID for his/her current agency, enter that number.
   B. If the user does not have a mainframe logon ID, determine if the user will need one. (A mainframe logon ID is needed for access to applications such as SEMA4 and DocumentDirect/InfoPac.)
      1) If a mainframe logon ID is needed, contact your agency's mainframe data security contact to obtain one. After a logon ID is assigned, enter it in this box.
      2) If the user does ***not*** need a mainframe logon ID leave the box blank. Minnesota Management & Budget staff will assign a logon ID.

3. **CATEGORY OF DATA FOR WHICH ACCESS IS REQUIRED:** Check the data categories from which the user will need to create or run reports. If a user is granted access to the **Human Resources, Benefits,** or **Payroll** category, he/she will be able to access tables containing high concentrations of private data only for those employees who are assigned to department ID's (agency codes) that are listed in the user's **SEMA4** security record.

4. **SIGNATURE OF USER:** New users and current users requesting access to additional types of data must sign here and agree to comply with the Minnesota Government Data Practices Act.

5. **SIGNATURE OF SUPERVISOR:** This form ***must*** be signed by the user's supervisor or a higher-level person designated by your agency.
6. **SIGNATURE OF AGENCY SECURITY:** Some agencies *may* also require additional agency security approval, based on specific agency policy.

RETURN THIS FORM TO: System Operations Security, 400 Centennial Office Building, 658 Cedar Street, St. Paul, MN 55155. The form can be scanned and sent via email to operationssecurity.mmb@state.mn.us or it can be faxed to 651-797-1346.

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