AGENCY ORACLE EBS ACCESS REQUEST FORM

Department of Executive Services
Business Resource Center
CNK-ES-0615 401 5th Ave, Suite 600
Seattle, WA 98104
security.oracleEBS@kingcounty.gov

Use this form to: request new user access, revise security access for existing users, or to request access for an employee transferring into your agency.

To revoke access, please complete the Oracle EBS Revoke Access Form

EBS USER INFORMATION

First Name:		Last Name:		Dept/Division:	
Employee #:		Job Title:		Request Date:	

Is this user a new King County employee?	☐ Yes	☐ No
Is this user transferring to you from another King County agency?	☐ Yes	☐ No
If you selected **Yes**, please complete the following fields:		

Transferring From:		Effective Date:	

Is this user a contract employee with King County?	☐ Yes	☐ No
If you selected **Yes**, please complete the Contractor Information Form and submit it with this form.		
Is this a request for a current user to receive revised access?	☐ Yes	☐ No
If you selected **Yes**, please be sure to select new and retained responsibilities below.		

INQUIRY ACCESS

The six Inquiry responsibilities listed below are granted to all users. Users are responsible for completing the User Productivity Kit (UPK) which provides training for Inquiry access.

KC AP Researcher	KC Assets Inquiry	KC Discoverer User
KC General Ledger Inquiry	KC Purchasing Inquiry	KC Receivables Inquiry

APPROVER AND REQUISITION REASSIGNMENTS

Are changes to Approver access part of this request?	☐ Yes	☐ No

When a Requisitioner leaves the county, transfers to another organization, or changes responsibilities, requisition transactions may need to be re-assigned.

Is re-assignment of requisition transactions necessary as part of this request?	☐ Yes	☐ No

*If you selected **Yes** to either of the questions above, a Help Ticket will be submitted on your behalf for the change in approval assignments and transaction re-assignments. A BRC Functional Analyst will contact the appropriate individuals in your organization for more information and authorization.*

TRANSACTIONAL ACCESS - REQUIRES TRAINING

In-class training is required before access will be granted to any of the responsibilities listed below.

********Please be sure to select all responsibilities needed, including new and retained responsibilities below.********

ACCOUNTS RECEIVABLE

☐ KC Agency Misc Receipts

***Wastewater Treatment Division Only*----------**

☐ KC WTD Receivables Supervisor	☐ KC WTD Receivables Team Lead	☐ KC WTD Receivables Transactions User

DISCOVERER

☐ KC Discoverer Report Writer

FIXED ASSETS

***Fleet Fixed Asset Staff Only*----------**

☐ KC Assets Fleet User

***Harborview Medical Center Fixed Asset Staff Only*----------**

☐ KC HMC Asset User

GENERAL LEDGER	
☐ KC General Ledger User	☐ KC Budget User
iEXPENSE	
☐ KC iExpense User & Approver	☐ KC iExpense User
☐ KC iExpense Approver	
INVENTORY Only Oracle Inventory Org -Subject to license approval	
☐ KC Inventory Approval	☐ KC Inventory User
☐ KC Inventory Item Org Att Management	☐ KC Inventory Inquiry
iPROCUREMENT	
☐ KC iProcurement User - Requisitioner & Receiver	☐ KC iProcurement Requisitioner
☐ KC iProcurement Receiver	☐ KC iProcurement Approver
PROCUREMENT	
☐ KC Receiving (Inventory Items)	
***Department of Transportation Only*----------**	
☐ KC Forms Receiver - Fuel	
ORDER MANAGEMENT	
☐ KC Order Management Claims Specialist	
***Department of Transportation Only*----------**	
☐ KC Warranty Supervisor	☐ KC Warranty Claims Specialist
☐ KC Warranty Administrator	☐ KC Warranty Clerk
***Department of Public Health Only*----------**	
☐ KC DPH Manager	☐ KC DPH Shipping
PROJECTS/GRANTS -Subject to license approval	
☐ KC Project/Grants Grants User	☐ KC Project/Grants Transaction Entry User
☐ KC Projects Projects Only User	☐ KC Project/Grants Read Only User

AUTHORIZATION

Employee/Contractor Signature Authorization

☐ Yes, I will read and agree to abide by the Access Control Guidelines.

☐ Yes, I will read the applicable Policies & Procedures associated with my assigned responsibilities and agree to abide by them.

I hereby attest to and understand my obligation to protect my password. I assume responsibility for the data and system to which I am granted access, in accordance with applicable policy and guidelines. I will not exceed my authorized access, and will report changes in my need to know authorization, employment or duty status, or security status immediately to my supervisor. I have completed the necessary training and understand my expectations. I acknowledge that I have read the above information and agree to comply with the provisions for the system request.

Employee/Contractor Signature:	_____	Date:	

Supervisor/Manager Signature Authorization

I approve granting Oracle Finance System security access to this employee for the selections made above. I understand that training may be required prior to the employee receiving this access and will support making the employee available for this training.

Supervisor/Manager Signature:	_____	Date:	
Supervisor/Manager Name:			

Please print, sign, scan and email this document to: security.oracleEBS@kingcounty.gov

Print Form