## **Office of the State Treasurer** ARIS Change Request Form - Add/Deactivate/Modify USER (Non-CTAS Agencies)

Agency ID Number:		Effective Date:	
Agency Name <u>:</u>			
□ NEW USER □ DEACTIVATE USE		SER - ADD FUNCTIONS nctions that need to be added)	UPDATE USER - REMOVE FUNCTIONS (Check only the functions that need to be removed)
UPDATE EMAIL/PHONE#	(Check only the ful	including that need to be added	(Check only the functions that need to be femoved)
Section 1. Add/Deactivate/Upda	te User:		
1. Name <u>:</u>	Email:		Phone#:
Agency Ad	orts Only - (only auth min - (allows user to i	norized to pull reports. Do	on't select any transaction functions) w all transactions for agency & pull Reports)
3. Indicate which Budget Units th	nis user should hav	ve access to:	
A - State Allotment B - Lottery Allotment C - Tobacco Allotment		ulus Funds ery Allotment	
4. If adding or updating a user, p (NOTE: If user is only needing to p			
<ul> <li>30-60-90 Expenditure Projections</li> <li>Admin Office of Cts (Courts only)</li> <li>Agriculture Payments (Soil &amp; Water only)</li> <li>Allotment Deposit</li> <li>Audits</li> <li>Cash Request</li> <li>Cash Request - Lottery</li> <li>Cash Request - Stimulus</li> <li>Cash Request - Tobacco</li> <li>DARF - District Attorney's Ret Fund</li> <li>Deferred Compensation</li> <li>Defined Contributions (DCP)</li> <li>Dept of Law</li> </ul>	DOAS - Asse ERS ERS Paymen GA Forestry GBA - Payme GEFA - Payme GEFA (DCA GRTA (DCA	Payment ents to GA Bldg Auth ments to GEFA Only) Only) eg Trans Auth ents to GTA ance	<ul> <li>LRS - Legislative Retirement</li> <li>Medicaid Payments (DHS only)</li> <li>One GA Authority Deposit (DCA Only)</li> <li>Return of Surplus</li> <li>Revenue Collections</li> <li>SAO - Payments to SAO</li> <li>SCJRS - Superior Ct Judges Ret Sys</li> <li>Secretary of State Payments</li> <li>State Tax Payment</li> <li>TRS</li> </ul>
Section 2. (Required) AUTHOR (Cannot be signed by the same person listed Signature		bove changes are aut	
Printed Name T	elephone	Email	

## Please email signed PDF form to <u>ARIS\_Requests@treasury.ga.gov</u>

For OST Only:	Initals	Date
Added/Removed/Updated ARIS		
Verified Information in ARIS		