SYMPRO DEBT MANAGEMENT AFFIDAVIT INSTRUCTIONS

USER INFORMATION	INSTRUCTIONS
Add, Update, Disable / Inactivate	**REQUIRED**. Check one box. • Check **Add** for a new user within a department. • Check **Update** to change the access for a user within a department. Do **NOT** use Update when the user had access but has changed departments. User IDs are inactivated when a departmental change occurs. • Check **Disable / Inactivate** when a user no longer should have access.
Dept. #	**REQUIRED**. Enter department number.
Legal Name	**REQUIRED**. Enter the legal name of the person for whom SymPro access is requested.
Employee #	**REQUIRED**. Enter the six-digit employee number as displayed in LDAP.
LDAP ID	**REQUIRED**. Enter the LDAP ID (User ID) as displayed in LDAP.
PORTFOLIO ACCESS	**DESCRIPTION**
	SELECTION REQUIRED. CHECK ONLY ONE.
ASLC	Education Loan Revenue Bonds
Alaska SBC (State Bond Committee)	GO and Revenue Bonds for the State of Alaska and various associated enterprises
AMBBA	Alaska Municipal Bond Bank - GO and Revenue Bonds for the State of Alaska and various associated enterprises
ROLES REQUESTED	**DESCRIPTION**
	SELECTION REQUIRED. CHECK ONLY ONE.
Administrator	**Full access including:** • **User Management** • **Bond Read / Write** • **Payment** • **GL Export Access**
User Management Only	**Limited access including:** • **User Management**
Power User	**Limited access including:** • **Bond Read / Write** • **Payment** • **GL Export Access**
Payment Only	**Limited access including:** • **Payments**
View Only	**Limited access including:** • **View Portfolio Information (no reports access)**

SIGNATURES	INSTRUCTIONS
EMPLOYEE SIGNATURE	
User (Employee) Signature	**REQUIRED**. Signature of the person who will be given access to SymPro.
User (Employee) Legal Name (Typed or Printed)	**REQUIRED**. Type or print the user legal name legibly.
AGENCY SIGNATURE	
Agency Signature	**REQUIRED**. Signature of a person designated by the department authorized to sign. This signature is not verified by the Department of Administration, Division of Finance.
Agency Legal Name (Typed or Printed)	**REQUIRED**. Type or print the agency approval legal name legibly.
DISTRIBUTION	**INSTRUCTIONS**

Agency	After the form has been signed by the user, the agency, and the debt manager, send the form to the Division of Finance (DOF) via:
	
	 • Email: doa.dof.system.security@alaska.gov
	 • Fax #: 465-2169
	 • Route slip: MS 0204
	 • Or mail to:
	      Department of Administration
	      Division of Finance
	      PO Box 110204
	      Juneau, AK 99811-0204
	
	 * DOF will provide the user access to SymPro, and notify the Division of Finance Accounting Services section, the agency Finance Officer, and the user by email when the setup to SymPro has been completed.

NOTE: Faxed copies must be legible. Illegible forms will be returned and requested again.

SYMPRO DEBT MANAGEMENT USER AFFIDAVIT

USER INFORMATION

Check One: **Add**   **Update**   **Disable / Inactivate**

Dept. # _____ Legal Name _____

Employee # _____ LDAP ID _____
(6-digit EMP ID in LDAP record)

PORTFOLIO ACCESS (Selection required. Check only one.)

           ASLC (Education Loan Revenue Bonds)

           Alaska SBC (State Bond Committee)

           AMBBA (Alaska Municipal Bond Bank)

ROLE REQUESTED (Selection required. Check only one.)

           Administrator (User Management, Bond Read/Write, Payment, GL Export)

           User Management Only

           Power User (Bond Read/Write, Payment, GL Export)

           Payment Only

           View Only

EMPLOYEE SIGNATURE

User (Employee) Signature: Date:

User (Employee) Legal Name (Typed or Printed):

AGENCY SIGNATURE

Agency Approval Signature   Date:

Agency Approval Legal Name (Typed or Printed):