



Los Angeles County Office of Education
BEST Operator Security Request Form
For 10199 and 20465 Only

STEP 1.	REQUESTOR		DATE SUBMITTED		EFFECTIVE DATE
	PHONE NUMBER (9999999999)		E-MAIL ADDRESS		
STEP 2.	User Information	USER STATUS <input type="radio"/> New User <input type="radio"/> Modify/Update <input type="radio"/> Deactivate		AGENCY <input type="radio"/> 10199 <input type="radio"/> 20465	
		USER NAME		LACOE EIN (FOR TOWS PLEASE USE BIRTHDATE MMDDYYYY)	
		JOB TITLE	DIVISION	WORK LOCATION	
		E-MAIL ADDRESS		PHONE NUMBER (9999999999)	
STEP 3.	Module Access Information	DIVISION <input type="checkbox"/> ABD STAFF <input type="checkbox"/> CO STAFF <input type="checkbox"/> HR STAFF <input type="checkbox"/> PAYROLL STAFF <input type="checkbox"/> BUDGET STAFF			
		User to Replace: _____ (Deactivate this user after the new user has been created.)			
		Select Specific Module(s)			
		FIN Inquiry: <input type="checkbox"/> XREQ/XSRQ <input type="checkbox"/> FA <input type="checkbox"/> GL <input type="checkbox"/> AR <input type="checkbox"/> AP <input type="checkbox"/> FIN REPORTS <input type="checkbox"/> BUDC <input type="checkbox"/> BUD REPORTS		FIN Creator/Approver: <input type="checkbox"/> XREQ CREATE <input type="checkbox"/> XREQ APPR <input type="checkbox"/> XSRQ CREATE <input type="checkbox"/> XSRQ APPR <input type="checkbox"/> BUDT CREATE <input type="checkbox"/> BUDT APPR <input type="checkbox"/> BUDA CREATE <input type="checkbox"/> BUDA APPR	
		HCM: <input type="checkbox"/> UPDATE <input type="checkbox"/> INQUIRY <input type="checkbox"/> HR <input type="checkbox"/> PAYROLL <input type="checkbox"/> HCM REPORTS <input type="checkbox"/> BENEFITS <input type="checkbox"/> POSITION CONTROL			
<input type="checkbox"/> Special Instructions: _____ *Create Same FIN Access as: _____ *Create Same HCM Access as: _____					
STEP 4.	Approval	DIVISION DIRECTOR OR ASSISTANT DIRECTOR NAME			
		DIVISION DIRECTOR OR ASSISTANT DIRECTOR SIGNATURE		DATE	

Instructions:

- Step 1 -** Enter name, submittal date (today's day), effective date, phone number, and e-mail address of person filling in the form.
- Step 2 -** Enter user status: New (new user), Modification (existing user that requires profile update), or Deactivate (user no longer requires BEST access), Agency, Enter Full User Name, LACOE Employee Identification Number (EIN), Job Title, Division, Work Location (work station or office number), Email Address, and Phone Number.
- Step 3 -** User to **Replace** if the new user is to replace an existing user. ISS will deactivate the existing user profile.
- Select Specific Module Classes:**
XREQ: Requisition **XSRQ:** Warehouse **GL:** General Ledger **FA:** Fixed Assets **AP:** Accounts Payable
AR: Accounts Receivable **BUDC:** Budgetary Control **BUDT:** Budget Transfer **BUDA:** Budget Adjustment
 *Under Special Instructions, an existing BEST user's access can be copied to the new user.
 **ABD/CO (Controller's Office)/HR/Payroll/Budget Staff: ISS may contact you for details on access.
- Step 4 -** Enter name of Director and Date. **Send for signature using AdobeSign, and cc: ISS@laoe.edu**
 Note: This form can only be signed by a Director or Assistant Director.

If you have questions regarding the completion of this form, please email Internal Systems Support at ISS@laoe.edu for assistance.

FOR DSA/DEL USE ONLY	
DSA SIGNATURE	PRINT NAME
CLASS ASSIGNMENT REMARK	
<input type="checkbox"/> 10199 <input type="checkbox"/> 20465 BEST Portal ID: _____	
HR MANAGER SIGNATURE (FOR HCM ACCESS)	PAYROLL MANAGER SIGNATURE (FOR HCM ACCESS)