

**INTEGRATED STATEWIDE INFORMATION SYSTEMS
REQUEST FOR ISIS AFS INPUT INTERFACES (ISF024)**

Rev. 10/09

Agency No: Enter the 3 digit AFS agency number.

Department/Agency Name: The Dept/Agency name as it appears in AFS.

Agency Contact Name: Agency person to contact regarding information about this interface.

Phone: The phone number of the agency contact person.

Address: The address of the agency contact person.

City/State/Zip: The City/State/Zip of the agency contact person.

E-mail: Internet address of the agency contact person.

Agency Interface System: Name of the agency's system producing the AFS Transactions.

For Agency Numbers: The specific 3 digit AFS agency no.(s) for which AFS transactions are sent.

Fax #: The fax number of the agency contact person.

AFS Transactions: The AFS transactions being produced by the agency system to be sent to AFS.

Transmission Method: The transmission method of the file. Choose between FTP or Tape.

Tape Label: Enter the tape label information.

Userids Assigned Permission: The ISIS "Z" USERIDS that are authorized by the agency to store the AFS transactions, produced by the agency's system, on the DOA mainframe for AFS to process.

Data Set Name Assigned: The name of the file assigned on the DOA mainframe for this agency system interface. This file is where the agency's AFS transactions are stored in order for AFS to retrieve and process them. This data set name is assigned by SIS.

Agency Approval: Agency official granting approval for this agency system to systematically interface to AFS.

This form must be completed by the Agency Security Administrator or Security Administrator Alternate.

This form must be printed before being submitted via the web. The copy must be signed by the Agency Security Administrator or Security Administrator Alternate and retained by the agency for audit purposes.