

FAMIS Access Request Form

Access Requested for:

Research (CC 06)
 Extension (CC 07)
 TVMDL (CC 20)

Section I: User Information

User Name: _____ User ID: _____ (Current or former FAMIS ID, if known)

Check one: New User Expire User as of: _____
 Add Access Change Access

UIN: _____ E-mail: _____

Birth date: _____ Office Phone: _____

Add to Texas A&M AgriLife FAMIS email listserv? Yes No

I agree to this access and state that the information on this form is correct. I understand that I am ultimately responsible for protecting my password by not sharing it with another individual and by using a secured connection.

User Signature: X

Section II: Access Requested (please check appropriate boxes)

Financial Accounting (FRS):	<input type="checkbox"/>	Update	<input type="checkbox"/>	Inquiry	<input type="checkbox"/>
Dept Budget Request (FRS):	<input type="checkbox"/>	Create	<input type="checkbox"/>	Inquiry	<input type="checkbox"/>
Payroll (FRS):	<input type="checkbox"/>	Inquiry	<input type="checkbox"/>	Encumbrance	<input type="checkbox"/>
Payroll (EPA):	<input type="checkbox"/>	Update	<input type="checkbox"/>	Inquiry	<input type="checkbox"/>
Purchasing (FRS):	<input type="checkbox"/>	Creator	<input type="checkbox"/>	Receiving	<input type="checkbox"/>
				Invoicing	<input type="checkbox"/>
				Purchasing	<input type="checkbox"/>
Approver/Signer:	<input type="checkbox"/>	DBR's	<input type="checkbox"/>	EPA's	<input type="checkbox"/>
					<input type="checkbox"/>
Fixed Assets (FFX/FRS):	<input type="checkbox"/>	Update	<input type="checkbox"/>	Inquiry	<input type="checkbox"/>
Sponsored Research (SPR):	<input type="checkbox"/>	Update	<input type="checkbox"/>	Inquiry	<input type="checkbox"/>

Access is requested for the following Dept(s)/Sub-Dept(s): (If access to all is requested, please type ****)

Dept/Sub Dept	Dept/Sub Dept	Dept/Sub Dept	Dept/Sub Dept	Dept/Sub Dept

Additional Comments: _____

Section III: Mentor Information

As a mentor, I will provide purchasing module training and assistance for the user.

I have reviewed mentor policies and security issues at: <http://agfiscal.tamu.edu/FAMIS/MentorProgram.htm>

Mentor Name: _____ Mentor E-mail: _____

Mentor Signature: X Mentor Phone : _____

Section IV: Approvals

Departmental Approval: X _____ Date _____

Fiscal Office Approval: X _____ Date _____