

### FAMIS Access Request Form

Access Requested for:  
 Research (CC 06)  Extension (CC 07)  TVMDL (CC 20)

#### Section I: User Information

User Name: \_\_\_\_\_ FAMIS USER ID (if known) : \_\_\_\_\_

UIN: \_\_\_\_\_ E-mail: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Check one:  
 New User  Add Access  Change Access  Expire User as of \_\_\_\_\_

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"/>
Approver/Signer:	<input type="checkbox"/>	DBR's	<input type="checkbox"/>	EPA's	<input type="checkbox"/>
				Invoicing	<input type="checkbox"/>
				Purchasing	<input type="checkbox"/>
Fixed Assets (FFX/FRS):	<input type="checkbox"/>	Update	<input type="checkbox"/>	Inquiry	<input type="checkbox"/>
				Prelim FFX	<input type="checkbox"/>
				Property Transfer	<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://agrilifeas.tamu.edu/documents/famis-mentor-program.pdf>.

Mentor Name: \_\_\_\_\_ Mentor E-mail: \_\_\_\_\_

Mentor Signature: \_\_\_\_\_ X \_\_\_\_\_ Mentor Phone : \_\_\_\_\_

#### Section IV: Approvals

Unit Approval:	X _____	Date: _____
Fiscal Office Approval:	X _____	Date: _____
Additional Approval:	X _____	Date: _____
Additional Approval:	X _____	Date: _____