

TEXAS A&M UNIVERSITY SYSTEM
HEALTH SCIENCE CENTER
FAMIS Access Request

SECTION I: USER INFORMATION - AS SUBMITTED TO PAYROLL SERVICES			
This request is to: Create a New User Change a User Delete a User			
Name (Ms, Mr, First Middle Last)	<input style="width: 100%;" type="text"/>		
Universal Identification Number (UIN)	<input style="width: 150px;" type="text"/>	Title:	<input style="width: 150px;" type="text"/>
Employing Department/Subdepartment:	<input style="width: 100%;" type="text"/>		
Office Phone Number:	<input style="width: 150px;" type="text"/>	Mail Stop:	<input style="width: 100px;" type="text"/>
Current/former FAMIS ID, if known:	<input style="width: 150px;" type="text"/>	Add to FAMIS e-mail listserv?	Yes No

SECTION II: MENTOR INFORMATION - For new users gaining entry to Purchasing Module screens before formal training.			
As the mentor, I will provide purchasing module training and assistance for the user.			
Mentor e-mail:	<input style="width: 150px;" type="text"/>	Mentor Phone:	<input style="width: 150px;" type="text"/>
Mentor Name:	<input style="width: 150px;" type="text"/>	Mentor Signature:	<input style="width: 150px;" type="text"/>

SECTION III: ACCESS INFORMATION				
NOTICE: This form replaces all current access. If you leave anything blank or check no, then any current access will be deleted.				
1) Check Yes or No 2) indicate the dept/sdept code unless stated N/A AND 3) indicate campus part.				
Access Description	Yes	No	Dept/Sdept Code	Campus Part
Basis Financial Record System Inquiry	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Support Account Maintenance	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
**Purchasing Doc Signer	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
**Purchasing Doc Approver ^	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Limited Purchase Document Entry	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Exempt Purchase Document Entry	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Requisition Entry	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Receiving Entry	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Preliminary Fixed Asset Entry	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Approved Fixed Asset Inquiry	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Approved Fixed Asset Maintenance	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Payroll History Inquiry	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Employee Payroll Signer	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Employee Payroll Approver ^	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Employee Payroll Action Creator	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

1) The dept/sdept you list determines the accounts to which you receive access.
2) The campus part is the TAMU System part in which you need access, e.g. HSC (23), TAMU (02), Research Foundation (99).
^ Approver would be someone who approves a document prior to it going to the signer.
Routing would be:
Creator - Approver - Signer

SECTION IV: REQUIRED SIGNATURES			
1. USER. 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 (To see if your connection is secure, call CIS at (979)845-4219). **As an approver/signer on purchasing documents, I certify that I have read and understand Section 21.01.03 of the System Regulations, I will attend Disbursement Training within the next two months, and will approve accordingly.			
User Name:	<input style="width: 150px;" type="text"/>	Signature:	<input style="width: 150px;" type="text"/>
		Date:	<input style="width: 100px;" type="text"/>
2. UNIT HEAD OR DESIGNEE			
Name:	<input style="width: 150px;" type="text"/>	Signature:	<input style="width: 150px;" type="text"/>
		Date:	<input style="width: 100px;" type="text"/>
3. COMPONENT PRIMARY BUSINESS OFFICER			
Name:	<input style="width: 150px;" type="text"/>	Signature:	<input style="width: 150px;" type="text"/>
		Date:	<input style="width: 100px;" type="text"/>
4. HSC FINANCE & ADMINISTRATION APPROVAL			
Name:	<input style="width: 150px;" type="text" value="Keely Dunn"/>	Signature:	<input style="width: 150px;" type="text"/>
		Date:	<input style="width: 100px;" type="text"/>

Return completed form with signatures to Keely Dunn, HSC Finance & Administration, MS1361