

TEXAS A&M UNIVERSITY
FD-825 FAMIS ACCESS REQUEST

IMPORTANT: This form replaces *all* current access. Notify the Departmental FAMIS Contact of any FAMIS access changes. Call 979-847-8833 or e-mail famis-aid@tamu.edu if you do not know your contact person.

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

Part I: User Information – As submitted to Payroll Services.

Name (Dr., Ms., Mr., First, Middle, Last): _____

Universal Identification Number (UIN): _____ Title: _____

Employing Department/Subdepartment: _____

Office Phone Number: _____ Mail Stop: _____ E-mail address: _____

Current/former FAMIS ID, if known: _____ Add to FAMIS e-mail listserv? Yes No

Part II: Delete Information (skip if not deleting)

Delete all access: Yes No
Delete partial access: Yes No (Complete Part V)

Effective delete date: _____

Part III: Optional additional comments:

Part IV: Mentor Information – Required for gaining entry access to Purchasing Module screens before formal training.

As the mentor, I will provide purchasing module training and assistance for the user. I have reviewed mentor policies and security issues at: <http://finance.tamu.edu/fms/famis/questions/mentor.asp>.

Mentor e-mail: _____ Mentor phone: _____

Mentor Name _____ Signature X _____ Date _____

Office Use Only:

Part V: Access Information **NOTICE** If you leave anything blank or check no, then any current access will be deleted. This form replaces all current access.

REQUIRED 1) Check yes, no, or delete 2) indicate the dept/sdept code unless stated N/A *AND* 3) indicate campus part.

DO NOT LEAVE DEPT/SDEPT AND CAMPUS PART BLANK IF YES OR DELETE

Access Description	Yes	No	Delete	Dept/Sdept Code	Campus Part
Basic Financial Record System Inquiry				N/A	
Support Account Entry/Maintenance					
Departmental Profile Entry/Maintenance					
**Purchasing - Approving/Signing					
Exempt Purchase Document Entry				NA	
Limited Purchase Document Entry					
Requisition Entry					
Receiving Entry					
Preliminary Fixed Asset Entry					
DBR – Departmental Budget Request Creator					
**DBR – Departmental Budget Request App/Signer					
Payroll Inquiry					
EPA-Employee Payroll Action Creator					
**EPA-Employee Payroll Approver/Signer					
Approved Fixed Asset Inquiry					
Approved Fixed Entry to Screen 535					

1) The **dept/sdept** you list determines the accounts to which you receive access. Example:

- **Math/all** for Campus Part 02 includes all Math accounts, including all subdepartment accounts for TAMU.
- **Math/none** includes all Math accounts that do not have subdepartments.
- **Math/Ops** includes only Math accounts that have the Ops subdept.

2) The **campus part** is the TAMU system part in which you need access; e.g. TAMU (02).

Part VI: 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 FAMIS documents, I certify that I have read and understand Section 21.01.03 of the System Regulations and related University Rules, I will attend Disbursement Training within two months of completing my Introduction to FAMIS course and will approve accordingly. As a signer on FAMIS/EPA/DBR documents, I certify that my department has submitted an updated FD-860 Notice of Change Information and/or Authority form (<http://finance.tamu.edu/fms/aar/forms.asp>).**

_____ **X** _____
 Printed Name of User (not required for deletes) Signature of User (not required for deletes) Date Signed

2. Unit Head or Designee.
 _____ **X** _____
 Printed Name Signature of Unit Head/Designee Date Signed

3. For Colleges only, Senior Business Administrator/Assistant Dean
 _____ **X** _____
 Printed Name Signature of Senior Business Administrator/Assistant Dean Date Signed