

TEXAS A&M RESEARCH FOUNDATION

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PRAIRIE VIEW A&M RESEARCH FOUNDATION*
THE TEXAS A&M UNIVERSITY SYSTEM HEALTH SCIENCE CENTER RES FND*
*AN UNINCORPORATED SUBSIDIARY OF TEXAS A&M RESEARCH FOUNDATION

FAMIS ACCESS REQUEST FORM

***IMPORTANT:** The information on this form is used to determine the security access for FAMIS users. It is important every portion of this form is completed correctly. The form, once completed, will be filed at the Research Foundation and will be used for audit purposes. Any questions should be directed to FAMIS security at 8458095.*

PART I: USER FACTS

A. Check the appropriate category: *New Operator* *Change in Access* *Delete Operator*

B. Have you ever had a FAMIS ID before? (Check one) *Yes* *No* If yes, enter here: _____

C. 1. Name (Last, First, Middle): _____

2. UIN: _____

3. Position or Title: _____

D. Academic College (if any): _____

E. Department Name: _____

F. Email Address: _____

G. 1. Office Phone: _____ 2. Mail Stop: _____ 3. Building and Room #: _____

H. Research Foundation Account Numbers:

By College _____

By Department _____

By Sub-Department _____

PART II: INQUIRY ACCESS INFORMATION:

The user will need the following type of Inquiry access

1. View account transactions and/or balances	YES	NO
2. View accounts payable information	YES	NO
3. View purchasing documents	YES	NO
4. View payroll	YES	NO

PART III: ACCOUNT ACCESS

Please do not leave any portion of this section blank

This part determines which accounts and campus codes the user will be allowed to access. Access can be given by department, sub-department, or academic college. Listing a certain department will give the user access to every account belonging to that department. Listing an academic college will allow the user to access all accounts belonging to all departments within that academic college. Listing a sub-department will give the user access to a pre-defined list of accounts within a department.

A user may have access to more than one of these entities if the head of each entity approves of the access.

Required signatures for entity access are as follows: department = department head, academic college = dean, executive level = vice president, division = director

In which campus code(s) does the user currently have access? _____

In which campus code(s) will the user need access? _____

In which entity/entities will the user need INQUIRY access only to accounts? (Circle below):

Department

Sub-Department

Academic College

PART IV: REQUIRED SIGNATURES

1. *User Signature:* I, the user, agree to this access and state that Part I of this form is true. Also understand that I am ultimately responsible for protecting my password by using only an approved connection to FAMIS.

Date: _____ User Signature: _____

2. *Head Signature:* I, the head of the entity listed in Part III, approve of this user having the access designated in each section of this form. Note: If more than one department was listed in Part III, the head of each must sign approving the user's access.

(Print)

Name and department: _____ Date: _____ Head Signature: _____

(Print)

Name and department: _____ Date: _____ Head Signature: _____

3. *SABA signature* (For academic colleges only). I, the SABA, approve of the access given on this form.

(Print)

Name and department: _____ Date: _____ SABA Signature: _____

Call 845-6689 if you have any questions. Mail completed form to 3578 TAMU.