



FAMIS SECURITY REQUEST FORM

Please Print

PART I: User Information

Name: (Last, First, MI): _____

UIN or CWID Number: _____ Date of Birth: _____

Position/Title: _____

Department: _____ Department Abbreviation: _____

Office Phone Number: _____ Office Fax Number: _____

E-Mail Address: _____

Home Address: _____

PART II: FAMIS Module Access

_____ FRS: Financial Records System – Transactions relating to financial operations, vendor payment, billing and payment for goods and services, ordering goods and services, payroll distribution and budget preparation. **(Complete Part III)**

_____ FFX: Fixed Assets – Transactions relating to the property management of an item.

_____ Ability to View

_____ Ability to Update

PART III: Financial Records System (FRS)

Please circle yes or no to denote which duties you will perform in the purchasing module. You may perform multiple duties.

- | | | |
|-----|----|---|
| YES | NO | <u>Approver</u> – reviews and/or gives approval for purchase documents |
| YES | NO | <u>Signer</u> – signs official documents approving payment (signature authority) |
| YES | NO | <u>Substitute Signer</u> – signs official documents approving payment (signature authority) |
| YES | NO | <u>Enterer/Creator</u> – enters exempt purchases, limited purchases, and requisitions |
| YES | NO | <u>Receiver</u> – enters data to verify that orders have or have not been received and gives departmental permission for Financial Services to pay |

****NOTE**If you are an Approver or Signer only, please skip to section VI.**

PART IV: Mentor Information

To gain access to the Purchasing Module, a new user is required to receive training from a trained Purchasing Module user called a mentor. The mentor will provide the training and complete Part V: Mentor Training Documentation.

Mentor Name: _____ Mentor Phone Number: _____

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Instructions

Part I: User Information

Complete all blanks in Part I.

If you do not know your UIN or CWID, please contact Human Resources @903-886-5881.

The Department Code may be found on FAMIS screen 68 after typing in account number.

Part II: FAMIS Module Access

If your duties include financial accounting, accounts payable, accounts receivable, purchasing, payroll distribution or budget preparation, please check FRS.

If your duties include entering or viewing information for preliminary fixed assets, please check FFX.

If your duties include both Financial Records System and Fixed Asset, please check FRS and FFX.

Part III: Financial Records System (FRS)

Circle yes or no on each item.

If your duties include only budget reconciliation, you can skip Part III.

Part IV: Mentor Information

Complete by filing in the mentors name and phone number. This is the department's responsibility to assign a mentor.

Part V: Mentor Training Responsibility Signature

Mentor signature required, stating knowledge of their responsibility

Part VI: Required Signatures

All signatures must be completed.

TEXAS A&M UNIVERSITY-COMMERCE

FAMIS Statement of Responsibility

I understand that I will be violating System Rules and Regulations and State and Federal law if I gain or help others gain unauthorized access to the Financial Accounting Management Information System (FAMIS). I acknowledge that neither I, nor anyone else, possess the authority to allow anyone to use my I.D. or password. Furthermore, I understand that information I have access to view may be confidential in nature (i.e., social security numbers and payroll information); neither I, nor anyone else, possess the authority to allow me to use this information for non-System purposes.

I also understand that if I violate System Regulations and State and Federal laws by gaining or helping others gain unauthorized access to FAMIS, I will be subject to disciplinary action and criminal prosecution to the full extent of the law (Chapter 33, Title 7 of the Texas Penal Code).

By logging on to this computer system, I acknowledge my responsibility for strictly adhering to System Regulations and State and Federal laws. I am also aware that penalties exist for unauthorized access, unauthorized use or unauthorized distribution of information from FAMIS.

I further agree not to attempt to circumvent the computer security system by using or attempting to use any transactions, software, files or resources I am not authorized to use.

User UIN _____

Printed Name of User

Signature of User

Date

Printed Name of Witness

Signature of Witness

Date

Department Name

Phone Number and E-Mail Address