

THE TEXAS A&M UNIVERSITY SYSTEM  
FAMIS SERVICES

FAMIS ACCESS FORM

CC 09 – TEEEX

CC 18 – WTAMU

All Parts Access

PART I: USER INFORMATION		Must Be Completed	
1. Have you ever had a FAMIS ID before?	YES	NO	If yes, list ID:
2. Name (Last, First, Middle):			
3. Position or Title:			
4. Universal Identification Number (UIN):			
5. Department Name:			
6. Mail Stop:			
7. Office Phone Number:			
8. E-mail Address:			
9. Date user will be deactivated (if known):			
10. Access same as another FAMIS user? User name:			
<b>NOTE: Listing a name for question #10 will determine all further access-- GO TO PART VII.</b>			

PART II: FINANCIAL ACCOUNTING (FRS) ACCESS			
<b>Types of Inquiry Access -</b>			
1. The user will view transaction or balance screens on accessible accounts.	YES	NO	
2. The user will view Accounts Payable screens on accessible accounts.	YES	NO	
3. The user will view Accounts Receivable invoiced through FAMIS.	YES	NO	
4. Department or Sub-Department Codes in which the user will have inquiry access. Usually just your department or enter "ALL" for all departments			
<b>Types of Update Access -</b>			
1. The user will update transaction or balance screens.	YES	NO	
2. The user will update Accounts Payable screens.	YES	NO	
3. The user will update Accounts Receivable invoiced through FAMIS.	YES	NO	

PART III: SPONSORED RESEARCH (SPR) ACCESS			
<b>Types of Access -</b>			
1. The user will need to view Sponsored Research Information.	YES	NO	
2. The user will need to update Sponsored Research Information.	PRP	PRJ	
	AWD	NO	
3. The user will need to update Sponsored Research Control Screens.	YES	NO	

**PART IV: FIXED ASSET ACCESS (FFX) ACCESS**

**Types of Access -**

1. Inquiry		
a. The user will need to view fixed asset (property) information. .	YES	NO
b. Department or Sub-Department Codes in which the user need inquiry access. Usually just your department or enter "ALL" for all departments		
2. Update		
a. The user will need to change fixed asset (property) information.	YES	NO
b. Department or Sub-Department Codes in which the user need update access. Usually just your department or enter "ALL" for all departments.		

**PART V: ANNUAL FINANCIAL REPORT (AFR) ACCESS**

**Types of Access -**

1. The user will need inquiry only access to AFR information.	YES	NO
2. The user will need access to make manual AFR entries.	YES	NO
3. The user will need to print the AFR.	YES	NO
4. The user will need access to the Printer Maintenance screen.	YES	NO

**PART VI: ADDITIONAL COMMENTS**

**PART VII: SIGNATURES REQUIRED FOR ABOVE ACCESS Must Be Completed**

User signature (User agrees to this access and states that information in Part I is true.)

Date: X  
(mm/dd/yy) \_\_\_\_\_  
User Signature

Name of Department Head/Account Administrator:

I, the Department Head/Account Administrator, approve of this user having the access designated in each section of this form.

Date: X  
(mm/dd/yy) \_\_\_\_\_  
Department Head/Account Administrator Signature