

AssurePay Access Request

USER INFORMATION



ADD



MODIFY



REMOVE

Employee Name: _____

Employee UIN: _____

Home CC: _____

Email Address: _____

Phone: _____

SPECIFIC MEMBER ACCESS

Select the member access needed

Member Access Requested

(Select all members needed)

- | | | | |
|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="radio"/> 01 – TAMUS | <input type="radio"/> 02 – TAMU | <input type="radio"/> 04 – TSU | <input type="radio"/> 05 – PVAMU |
| <input type="radio"/> 06 – AL-RSCH | <input type="radio"/> 07 – AL-EXT | <input type="radio"/> 09 – TEEX | <input type="radio"/> 10 – TAMUG |
| <input type="radio"/> 11 – TAMFS | <input type="radio"/> 12 – TTI | <input type="radio"/> 15 – TAMUCC | <input type="radio"/> 16 – TAMIU |
| <input type="radio"/> 17 – TAMUK | <input type="radio"/> 18 – WTAMU | <input type="radio"/> 20 – TVMDL | <input type="radio"/> 21 – TAMUC |
| <input type="radio"/> 22 – TAMUT | <input type="radio"/> 23 – HSC | <input type="radio"/> 24 – TAMUCT | <input type="radio"/> 25 – TAMUSA |
| <input type="radio"/> 26 – TSSC | <input type="radio"/> 28 – TEES | <input type="radio"/> 30 – TDEM | <input type="radio"/> 99 – TAMRF |

ACCESS REQUESTED

Select the type of access requested. For AP Special types, please select the account type from the list.

Check Creation:

- | | |
|--|---|
| <input type="radio"/> Create AP Checks | <input type="radio"/> Create AP Manual Checks |
| <input type="radio"/> Create AP Special Checks | <input type="radio"/> Create AP Special Manual Checks |
| Account Type: _____ | Account Type: _____ |
| <input type="radio"/> Create Payroll Checks | <input type="radio"/> Create Payroll Manual Checks |

Manual Check Authorizations:

- | |
|--|
| <input type="radio"/> Approve AP Manual Checks |
| <input type="radio"/> Approve AP Special Manual Checks |
| Account Type: _____ |
| <input type="radio"/> Approve Payroll Manual Checks |

Printer Maintenance:

- | |
|---|
| <input type="radio"/> Printer Maintenance |
|---|

Name: _____

UIN: _____

COMMENTS

Please add any additional comments regarding your access

STATEMENT OF RESPONSIBILITY

I understand that I will be in violation of System regulations, State and Federal law if I gain or help others gain unauthorized access to the systems above. I acknowledge that neither I nor anyone else possess the authority to allow anyone to use my ID or password. I understand that if I violate System regulations and State and Federal laws by gaining or helping others gain unauthorized access, 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). I accept the responsibility of keeping the reports and information confidential. I understand, accept and will complete training related to the software provided to me by Texas A&M System Members. Misuse or abuse of this responsibility as User/Supervisor may be just cause for revocation of software access and disciplinary action. I agree further 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 Printed Name

Signature

Date

CFO APPROVAL

Approved: *Request must be approved by your CFO or designee. Please forward the completed request form to your supervisor.*

When approved document is returned, please forward on to FAMIS Services at the email address listed below.

Signature

Date

Please scan and email approved form to: FAMIS-Security@tamus.edu.
Please include 'AssurePay Access' in the subject line of the email.

If there are any questions, please call the FAMIS Help Line, (979) 458-6464.