

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:

Approve AP Manual Checks

Approve AP Special Manual Checks

Account Type: _____

Approve Payroll Manual Checks

Printer Maintenance:

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.