Reset Form

Print

THE TEXAS A&M UNIVERSITY SYSTEM

Revised 08/2025

FAMIS Report Approver Request

USER INFORMATION

☐ ADD ☐ MODIFY ☐ REMOVE

Employee Name: _____ **Employee UIN:** _____

Home CC: *Select from list **Email Address:** _____

Phone: _____

MEMBER ACCESS

Select all members needed

☐ 01 – TAMUS (S)	☐ 02 – TAMU (M)	☐ 04 – TSU (T)	☐ 05 – PVAMU (P)
☐ 06 – AL-RSCH (A)	☐ 07 – AL-EXT (X)	☐ 09 – TEEX (D)	☐ 10 – TAMUG (G)
☐ 11 – TAMFS (F)	☐ 12 – TTI (C)	☐ 15 – TAMUCC (I)	☐ 16 – TAMIU (L)
☐ 17 – TAMUK (J)	☐ 18 – WTAMU (W)	☐ 20 – TVMDL (V)	☐ 21 – TAMUC (R)
☐ 22 – TAMUT (N)	☐ 23 – HSC (H)	☐ 24 – TAMUCT (K)	☐ 25 – TAMUSA (O)
☐ 26 – TSSC (Z)	☐ 28 – TEES (E)	☐ 30 – TDEM (B)	☐ 31 – TAMUV (Q)
☐ 99 – TAMRF (9)			

REPORT TYPE

Select the type(s) of reports the user may approve

☐ 1099	☐ Accounts Payable	☐ Accounts Receivable	☐ Budget
☐ Concur	☐ Financial Accounting	☐ Fixed Assets	☐ HUB
☐ Payroll	☐ Purchasing	☐ Sponsored Research	☐ Year-End

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** _____

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Name: **UIN:**

APPROVALS

Approved: *As appropriate, please select an approver from one of the lists below and email your signed form to them. If access is approved, they should forward on to FAMIS Services.*

*Select the security contact for the member access is being requested

Member Security Administrator

Signature **Date**

APPROVERS

Please scan and email approved form to: FAMIS-Security@tamus.edu

Please include **'Authorized Requestor'** in the subject line of the email.
If there are any questions, please call the FAMIS Help Line, (979) 458-6464.