

FAMIS Laserfiche Access Request

USER INFORMATION	☐ ADD ☐	CHANGE REMOVE				
Employee Name:		Employee Phone:				
Employee E-Mail:		Employee UIN:				
TAMU NetID:		FAMIS UserID				
MEMBER ACCESS	Select all members l	being requested				
O 01 - TAMUS	O 02- TAMU	O 04- TSU	O 05- PVAMU			
O 06- AL-RSCH	O 07 - AL-EXT	O 09- TEEX	O 10- TAMUG			
O 11 - TFS	O 12- TTI	O 15- TAMUCC	O 16- TAMIU			
O 17- TAMUK	O 18- TAMUWT	O 20 - TVMDL	O 21 - TAMUC			
O 22 - TAMUT	O 23 - HSC	O 24- TAMUCT	O 25 - TAMUSA			
O 26- TSSC	O 28- TEES	O 99- TAMRF	O All Member Inquiry			
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FOLDER ACCESS Select all folders being requested. (The folders listed below may not be available for all members)						
O Accounts Payable	O Accounts Receivable	O Bookkeeper *	O Budget			
O Concur	O Daily	O FAMIS Services	O Feed Files			
O Financial Reports	O Fixed Assets	O General Construction	О нив			
O Monthly	O Payroll	O Purchasing	O Sponsored Research			
O State Reports	O Yearend	O All FAMIS Reports	O Security			
SRS Folders						
O Accounts Receivable	O Financial Reports	O Sponsored Research	O Payroll			
* When selecting the Bookkeeper folder; please specify the sub-folders needed. (Department codes, Mail Stops, Responsible Person, etc)						



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Name: UIN:

CC	DMMENTS	Please add any additional comme	ents regarding your access	
STATEMENT	OF RESPONSIBILITY			
access to the syspassword. I undunauthorized ac Title 7 of the Teaccept and will of this responsibility	stems above. I acknowledge lerstand that if I violate Systems, I will be subject to disease Penal Code). I accept to complete training related to as User/Supervisor may	ge that neither I nor anyone else postem regulations and State and Fed sciplinary action and criminal prose he responsibility of keeping the repothe software provided to me by The just cause for revocation of soft	al law if I gain or help others gain unauthorized obsess the authority to allow anyone to use my ID deral laws by gaining or helping others gain ecution to the full extent of the law. (Chapter 33, ports and information confidential. I understand, Texas A&M System Members. Misuse or abuse of tware access and disciplinary action. I agree furth apting to use any transactions, software, files or	f
User Printed	Name	Signature	Date	_
Approved:	•	lember form the list below and emo	ninistrator. Please select one of the Security ail your signed form to them. If access is	
Signature		Date		

SECURITY ADMINISTRATORS

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

Please include 'Laserfiche Access' in the subject line of the email.

If there are any questions, please call the FAMIS Help Line, (979) 458-6466