Texas A&M International University
FAMIS Security-Employee Payroll Action System
With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Part I: USER INFORMATION- As submitted to Payroll

Name (First, Middle Initial, Last): _____ UIN: _____

Department/Subdepartment _____ Position/Title_____

Office Phone Number: _____ E-mail: _____

Have you ever had a FAMIS I.D.? ☐ Yes If YES, indicate FAMIS I.D. _____
☐ No If No, please complete FAMIS Security Access Form

Part II: ACCESS INFORMATION - Mark Yes or No. If yes, complete Dept/Subdept & Campus Code fields or no access will be given.

Access Description	Yes	No	Dept/Subdept Code Access	Campus Code
EMPLOYEE PAYROLL ACTION MODULE ENTRY				
Departmental Approving Entry				16
Departmental Signing Entry				16
Departmental Creating Document Entry				16
Departmental Encumbrance Adjustment **(Inquiry Only)**				16
Departmental Pay History **(Inquiry Only)**				16
Processing Office Approval **(Limited Access-Fin. Aid and HR only)**				16

PART III: REQUIRED SIGNATURES

1. User Signature: I agree to this access and state that the information on this form is correct. I understand that I am ultimately responsible for protecting my password by using only an approved connection to FAMIS. If you are not sure your connection to FAMIS is secure, call OIT at (956) 326-2310. I acknowledge that the information obtained by using this system is confidential, and will only be used for work related purposes.

_____ X_____ _____
PRINTED NAME OF USER SIGNATURE OF USER DATE SIGNED

2. Unit Head: Dean, Department head, Director or Designee. For all requested access, the appropriate department head/designee must sign granting access.

_____ X_____ _____
PRINTED NAME OF UNIT HEAD/DESIGNEE SIGNATURE OF UNIT HEAD/DESIGNEE DATE SIGNED

3. Trainer Signature:

_____ X_____ _____
PRINTED NAME – EPA TRAINER SIGNATURE OF TRAINER DATE SIGNED