

Office of the Comptroller

ACCESS APPLICATION FOR FAMIS



NAME: \_\_\_\_\_ UIN # \_\_\_\_\_ DOB: \_\_\_\_\_ MO/DD/YR

Section 1: Employee

FRS Employee Access

Department: \_\_\_\_\_
College: \_\_\_\_\_
Division: \_\_\_\_\_
Executive Level: \_\_\_\_\_

Access for Account(s) #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purchasing - Routing & Approval

Creator: Y \_\_\_ N \_\_\_
Approver: Y \_\_\_ N \_\_\_
Final Approver: Y \_\_\_ N \_\_\_
Department Code: \_\_\_\_\_
Office Name: \_\_\_\_\_

FAMIS SECURITY - STATEMENT OF RESPONSIBILITY

I understand that I will be violating university regulations and state and federal law if I gain or help others gain unauthorized access to the Financial Accounting Management Information System (FAMIS): I acknowledge that neither I nor anyone else possess the authority to allow anyone to use my ID or password.

I also understand that if I violate university regulations and state and federal laws by gaining or helping others gain unauthorized access to FAMIS, I will be subject to university disciplinary action and criminal prosecution to the full extent of the law. (Chapter 33, Section 1, Title 7 of the Texas Penal Code).

By logging on to this computer system, I acknowledge my responsibility for strictly adhering to university policy and state and federal law. I also am aware that penalties exist for unauthorized access, unauthorized use or unauthorized distribution of information from FAMIS.

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.

\_\_\_\_\_  
Date Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date Supervisor Signature / Witness

\_\_\_\_\_  
Supervisor Name (Print clearly)

\_\_\_\_\_  
FRS Account Responsible Person