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.?	urity Access Form					
Part II: ACCESS INFORMATION -	Mark Yes or N	o. If yes, complete Dep	t/Subde	pt & Camp	us Code fields or no access will be given.	
Access Description			Yes	No	Dept/Subdept Code Access	Campus Code
EMPLOYEE PAYROLL ACTION MO	DDULE ENTR	RY	Į.	1		
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
	cess and state onnection to FA	AMIS. If you are not s	ure yo	ur connec	orrect. I understand that I am ultimately responsible tion to FAMIS is secure, call OIT at (956) 326-2310 work related purposes.	
PRINTED NAME OF USER		XSIGNATURE OF USER			DATE SIGNED	
2. Unit Head: Dean, Department head,	Director or De	signee. For all reques	sted ac	cess, the	appropriate department head/designee must sign g	granting access.
RINTED NAME OF UNIT HEAD/DESIGNEE X SIGNATURE OF UNIT HEAD/I					DATE SIGNED	
3. Trainer Signature:						
Daniel Name EDATe was		X SIGNATURE OF TRAINER			D Course	
PRINTED NAME – EPA TRAINER		SIGNATURE OF TRAINER			DATE SIGNED	