

# 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.?	<input type="checkbox"/> Yes If YES, indicate FAMIS I.D. _____ <input type="checkbox"/> 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
<i>EMPLOYEE PAYROLL ACTION MODULE ENTRY</i>				
Departmental Approving Entry				16
Departmental Signing Entry				16
Departmental Creating Document Entry				16
Departmental Encumbrance Adjustment ( <b>Inquiry Only</b> )				16
Departmental Pay History ( <b>Inquiry Only</b> )				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.

\_\_\_\_\_  
 PRINTED NAME OF USER

X  
 \_\_\_\_\_  
 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.

\_\_\_\_\_  
 PRINTED NAME OF UNIT HEAD/DESIGNEE

X  
 \_\_\_\_\_  
 SIGNATURE OF UNIT HEAD/DESIGNEE

\_\_\_\_\_  
 DATE SIGNED

**3. Trainer Signature:**

\_\_\_\_\_  
 PRINTED NAME - EPA TRAINER

X  
 \_\_\_\_\_  
 SIGNATURE OF TRAINER

\_\_\_\_\_  
 DATE SIGNED