

# FAMIS ACCESS REQUEST FORM

**(1) Supervisor completes all sections on the front page of this form:**

## END-USER INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
Department \_\_\_\_\_ Phone \_\_\_\_\_  
Position Title \_\_\_\_\_ ID# \_\_\_\_\_  
Email \_\_\_\_\_ (988# if Pacific employee or student, SSN if not)

## END-USER TYPE (Please check one; if indicated, an expiration date is required.)

\_\_\_\_\_ Regular Faculty      \_\_\_\_\_ Temporary Casual (Expiration Date: \_\_\_\_\_ )  
\_\_\_\_\_ Regular Staff      \_\_\_\_\_ Student (Expiration Date: \_\_\_\_\_ )  
\_\_\_\_\_ Third-Party (Expiration Date: \_\_\_\_\_ )  
Third parties are Agency Temps, Contractors, Consultants. They must also complete the "Third Party Access Agreement" form found at <http://www.pacific.edu/ea>

\_\_\_\_\_ End-user already has an account and needs additional access.  
If so, please give reason for change: \_\_\_\_\_

\_\_\_\_\_ Expire this account, end-user no longer holds this position.  
Stop here, sign at bottom, and fax this form to the FAMIS Data Steward or Information Broker. See (2) on back.

## COMPUTER SHARING

Will this end-user be sharing a desktop or laptop computer? (Circle one.)      YES      NO  
If Yes, with whom? \_\_\_\_\_

## ACCESS REQUESTED

Access Type (Circle one.)	QUERY	DATA ENTRY	BOTH
Please describe why this access is needed:	Please describe how the data will be utilized:		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		

## SUPERVISOR'S CONFIRMATION

I confirm that the FAMIS access described above is required for this end-user to complete official job duties.  
I verify that I have provided this end-user with the University of the Pacific IT policy: <http://www.pacific.edu/ea>

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_ Phone \_\_\_\_\_  
Title \_\_\_\_\_ Email \_\_\_\_\_

**(2) Supervisor sends or faxes (both sides) the of form to Data Steward/Information Broker:**

FAMIS	Janet Dentoni	Data Steward	Fax: 63109	<a href="mailto:jdentoni@pacific.edu">jdentoni@pacific.edu</a>
FAMIS	Ken Rowland	Information Broker	Fax: 63109	<a href="mailto:krowland@pacific.edu">krowland@pacific.edu</a>

**(3) Data Steward/Information Broker reviews request and completes the following:**

**ACCESS AUTHORIZED**

End-User Name: \_\_\_\_\_

Security Class	<b>OR</b>	FAMIS Objects (forms and/or procedures)
_____		_____
_____		_____
_____		_____
_____		_____

**DATA STEWARD / INFORMATION BROKER AUTHORIZATION**

I approve the access to FAMIS for the end-user named.

Signature \_\_\_\_\_  
Print Name \_\_\_\_\_  
Title \_\_\_\_\_

Date \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**(5) Data Steward/Information Broker completes the process, notifies end-user & supervisor.**



