

CALIFORNIA INSTITUTE OF TECHNOLOGY

Request for FAMIS System Access

1. ADD  CHANGE  DELETE

2. Employee  Temporary  Student  Consultant  \_\_\_\_\_ Other \_\_\_\_\_  
(company name)

3. TO BE EFFECTIVE: Beginning date: \_\_\_/\_\_\_/\_\_\_  
Ending date: \_\_\_/\_\_\_/\_\_\_ OR check if Employee

NOTE: An ending date is required unless the user is an Employee. This date can easily be extended by the Approver.

4. User Information:

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Mail Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_ CALTECH ID# \_\_\_\_\_

Phone Ext. \_\_\_\_\_ FAX \_\_\_\_\_

Department \_\_\_\_\_

Department Supervisor \_\_\_\_\_ Phone Ext. \_\_\_\_\_

5. Access Groups:

	YES	NO
ACCOUNTANT (CIT_ACCOUNTANT) _____	<input type="checkbox"/>	<input type="checkbox"/>
CUSTODIAL SUPERVISOR (CIT_CUST_SUPERVISOR) _____	<input type="checkbox"/>	<input type="checkbox"/>
MANAGERS (CIT_MANAGERS) _____	<input type="checkbox"/>	<input type="checkbox"/>
PM TECHNICIAN (CIT_PM_TECHNICIANS) _____	<input type="checkbox"/>	<input type="checkbox"/>
D&C PROJECT MANAGERS (CIT_PROJECT_MGR) _____	<input type="checkbox"/>	<input type="checkbox"/>
ROLES & RESPONSIBILITIES (CIT_SECURITY) _____	<input type="checkbox"/>	<input type="checkbox"/>
SERVICE CENTER (CIT_SERVICE_CENTER) _____	<input type="checkbox"/>	<input type="checkbox"/>
STOCKROOM (CIT_STOCKROOM) _____	<input type="checkbox"/>	<input type="checkbox"/>
STOCKROOM SUPERVISORS (CIT_SUPERVISOR) _____	<input type="checkbox"/>	<input type="checkbox"/>
WORKBENCH (CIT_WORKBENCH) _____	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION (CIT_ADMIN) _____	<input type="checkbox"/>	<input type="checkbox"/>
PRIVILEGE TO REOPEN WORK ORDER (D&C) _____	<input type="checkbox"/>	<input type="checkbox"/>
FSM ADMINISTRATION (FSM_ADMIN) _____	<input type="checkbox"/>	<input type="checkbox"/>
MISC COSTS AND TRANSFERS (MCAT) _____	<input type="checkbox"/>	<input type="checkbox"/>

6. REQUESTED BY: (print name) \_\_\_\_\_ Phone ext. \_\_\_\_\_

7. APPROVED BY:

signed: \_\_\_\_\_ dated: \_\_\_\_\_

**Jim Cowell** - Facilities Department or **Bill Taylor** - Facilities Management Department or **Delmy Emerson** - Buildings & Grounds or **Matthew Berbee** - Maintenance Management or **Lynne Caver** - Facilities Finance

Mail completed form to: Information Security, Mail Code 1-10.