

# INFORMATION + TECHNOLOGY SERVICES

## REQUEST FOR ACCESS TO THE AMS SYSTEM

### CAPITAL PROJECTS MANAGER & ADMINISTRATIVE SUPPORT ROLES — CP Roles

Access to the Capital Projects Web Portal for Project Managers &  
 Access to Functions in SAP R/3 for Capital Projects support resources

Current Date \_\_\_\_\_ 20 \_\_\_\_ Effective Date \_\_\_\_\_ 20 \_\_\_\_

<b>INSTRUCTIONS</b>	
i. Print clearly & complete all sections. ii. Keep a copy of this form for your records.	<b>AMS System Access</b> Email to: <a href="mailto:access.easi@utoronto.ca">access.easi@utoronto.ca</a>

<b>SECTION 1: APPLICANT INFORMATION/ACTION REQUIRED</b>
<b>Check one:</b> <input type="checkbox"/> Set Up New User <input type="checkbox"/> Department Move <input type="checkbox"/> Update existing AMS System User
<input type="checkbox"/> <b>CASUAL EMPLOYEE:</b> Casual Employed By – <input type="checkbox"/> U/Temp <input type="checkbox"/> Direct by department <input type="checkbox"/> External Co.
*Start Date: _____ *Termination Date: _____ <span style="margin-left: 150px;">*Date Required</span> <span style="margin-left: 150px;">*Date Required</span>

AMS SYSTEM USER ID	Personnel No.	Staff Appointed Employee Position No.	Org Unit

Applicant Name: \_\_\_\_\_  
*Last name (Please print)* *First name* *Initial*

Faculty/ Division/Campus: \_\_\_\_\_ Department: \_\_\_\_\_

Job title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicant Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Person Email: \_\_\_\_\_

### Access to Capital Project: Capital Projects

<b>SECTION 2: CAPITAL PROJECT ROLES – CIRCLE THE CAPITAL PROJECT ROLE REQUIRED FOR YOUR POSITION.</b>	
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SELECT	ROLE	DESCRIPTION
Role 1	<b>Capital Projects:</b> Project Manager <a href="#">Via Portal Access</a>	Access to the Capital Projects Portal, includes the following: <ul style="list-style-type: none"> <li><b>Portal:</b> Access to the portal</li> <li><b>Purchase Orders:</b> Create, Change and Display</li> <li><b>Funds Commitment:</b> Create, Change and Display</li> <li><b>Sub-level Service Order:</b> Create, Change and Display</li> <li><b>Appropriate FM, CO, MM and FI authorization objects</b></li> <li><b>Reports:</b> all appropriate role-related reports (as determined by Capital Projects)</li> <li><b>Approvals Workflow</b></li> </ul> <p style="color: red; margin-left: 20px;"> <input type="checkbox"/> <b>Portal access only</b>—applicant does not require an e-Token  <input type="checkbox"/> <b>Portal access &amp; AMS System access requested</b>---An e-Token is required for this AMS System log on.                 </p>

Role 2	<b>Capital Projects:</b> Standard Admin Support <u>No Portal Access</u>	Standard SAP R/3 access to the following: ( <i>No portal access</i> ) <ul style="list-style-type: none"> <li>• <b>Capital Project:</b> Project Master Data set-up</li> <li>• <b>Purchase Order:</b> Create, Change and Display</li> <li>• <b>Funds Commitment:</b> Create, Change and Display</li> <li>• <b>Sub-level Service Order:</b> Create Change and Display</li> <li>• <b>Appropriate FM, CO, MM and FI authorization objects.</b></li> <li>• <b>Reports:</b> all appropriate role-related reports (as determined by Capital Projects)</li> <li>• <b>Approvals Workflow</b></li> <li>• <b>Workflow Reports:</b> All appropriate Workflow reports</li> </ul>
Role 3	<b>Capital Projects:</b> Delete Incorrect Workflow	<u>Note:</u> Authorization to this function should be restricted to key Capital Projects administrative personnel.  Access is provided to: Delete one specific workflow related to one specific document at one time.
Role 4	<b>Capital Projects:</b> Management_2	Additional CP functions for FIS Business Officer Role
Role 5	<b>Capital Projects:</b> Report	Report ZFIR076

**SECTION 3: SIGNATURE** -- PLEASE SIGN & OBTAIN DEPARTMENT HEAD'S SIGNATURE OF APPROVAL FOR AMS ACCESS REQUESTED

### Signature Authorization

\_\_\_\_\_  
*Applicant signature* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*Department Head's Name (Please print)* \_\_\_\_\_ *Title & Department* \_\_\_\_\_ *Univ.Tel.#*

\_\_\_\_\_  
*Department Head's Signature* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*Lee Petrini Signature* \_\_\_\_\_ *Date*