

INFORMATION + TECHNOLOGY SERVICES

REQUEST FOR ACCESS TO THE AMS SYSTEM -- CENTRAL OFFICE: RIS

Current Date _____ 20 ____

Effective Date _____ 20 ____

INSTRUCTIONS

- i. Print clearly & complete all applicable sections.
- ii. Keep a copy of this form for your records.

AMS System Access - Email to:
access.easi@utoronto.ca

SECTION 1: APPLICANT INFORMATION

Check one: Update existing AMS System User New AMS System User

CASUAL EMPLOYEE: Casual Employed By - U/Temp Direct by department External Co.

Start Date: _____ **Termination Date:** _____

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AMS SYSTEM USER ID

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Personnel No.

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Staff Appointed
Employee Position No.

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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: _____

CENTRAL OFFICE : RIS Research Staff

SECTION 2: RIS ROLES: – Circle the role/s required for your position

SELECT	ROLE	DESCRIPTION
Role 1	Awards Administrator	• Display/change/create Applications and FReDs • Full report access to Applications and FReDs
Role 2	Bio-Safety Officer	Display and update capabilities for bio-safety certificates
Role 3	Ethics Review Officer	Display and update capabilities for ethics review
Role 4	Funds Management	Create Budgets, CFCs, and Funds. Access to FM reporting
Role 5	Technology Transfer	Provides access to those sections of RIS that track technology transfer
Role 6	Report ZFTU102	Budget Reconstruct – Run Budget Reconstruct report -- MUST ALSO HAVE ROLE 4

SECTION 7: SIGNATURE -- PLEASE SIGN AND OBTAIN DEPARTMENT HEAD'S SIGNATURE OF APPROVAL FOR AMS ACCESS REQUESTED.

Signature Authorization

Applicant signature *Date*

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

Department Head's Signature *Date*

RIS: Submitted By *Date*