INFORMATION + TECHNOLOGY SERVICES

REQUEST FOR ACCESS TO THE AMS SYSTEM – FIS Automated Hierarchy Add/Delete

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/ACTION REQUIRED

Check one: ❒ Set Up New User ❒ ❒ Department Move ❒ Update existing AMS System User

❒ **CASUAL EMPLOYEE:** Casual Employed By – ❒ U/Temp ❒ Direct by department ❒ External Co.

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

AMS 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: _____ Email: _____

FIS – Automated Hierarchy Add/Delete

Section 2: Department Automated Hierarchy (Also called Data Roles)
Your Automated Hierarchy controls which cost centres or fund centres you can run reports on. The Automated Hierarchy will automatically update about three days after the FAST Team or Research Services creates new FC/CCs or moves existing FC/CCs.

To request a single FC or CC please use the Single Fund Centre or Cost Centre Add/Delete form.

❒ Add ❒ Delete	AUTOMATED HIERARCHY	*Faculty & Department*	*Org Unit #*	*Parent CFC # Required*	*CC Node/Group # Required*

❒ Add ❒ Delete	AUTOMATED HIERARCHY	*Faculty & Department*	*Org Unit #*	*Parent CFC # Required*	*CC Node/Group # Required*

Signature Authorization

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

Applicant Signature _____ *Date* _____

Department Head's Name (Please print) _____ *Faculty & Department* _____ *Univ.Tel.#* _____

Department Head's Signature _____ *Title* _____ *Date* _____