

INFORMATION + TECHNOLOGY SERVICES

REQUEST FOR ACCESS TO THE AMS SYSTEM – DIVISIONAL 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/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:** _____ ***Termination Date:** _____
*Date Required *Date Required

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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
Email: _____

Access to the Research Information System – Divisional RIS

SECTION 2: RIS DIVISIONAL ROLE

SELECT	ROLE	DESCRIPTION
Role	Business Officer Role/Divisional Research Office (Display only)	<ul style="list-style-type: none">Allows business officers or divisional research offices to run various RIS reports listing research awards, sponsors, etc.Provides Business officers with access to My Research On-line for PI accounts

Signature Authorization

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

Your signature Date

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

Department Head's Signature Date