REQUEST FOR ACCESS TO THE AMS SYSTEM – <u>CENTRAL FIS Single FC/CC Add/Delete</u>

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

<u>**Check one:**</u>   ❐ Update existing AMS System User   ❐ New AMS System User

❐ **CASUAL EMPLOYEE:**   <u>Casual Employed By</u> – ❐ U/Temp   ❐ Direct by department   ❐ External Co.

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

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: _____

CENTRAL FIS: CREATE/DELETE SINGLE FUND CENTRE COST CENTRE ROLE

Section 2: FIS -- Addition of Single Fund or Cost Centre – Please indicate the single Fund Centre & Parent Fund Centre or the Cost Centre and Node or Group number you require plus the Faculty & department they belong to.

				❐ Create
Single Cost Centre	Node or Group #	Org Unit #	Belongs to what Faculty & Department	❐ Delete
				❐ Create
Single Cost Centre	Node or Group #	Org Unit #	Belongs to what Faculty & Department	❐ Delete
				❐ Create
Single Fund Centre	Parent CFC	Org Unit #	Belongs to what Faculty & Department	❐ Delete

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*