



Texas Comptroller of Public Accounts – Fiscal Management Systems Access and Maintenance Request

Instructions: Use this form to request central user access (create User ID), make changes to previously approved access or request removal of access (delete User ID). Complete the necessary information below, print and obtain required signatures. Attach the original signed form to an original signed Confidential Tax / Vendor Information Agreement (CTIA) form and send to Accounting Services via campus mail or in-person.

Section I: Complete the following fields for the employee requesting access or maintenance to any of the systems below.

User Name:	Phone Number:
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Department: _____

Supervisor Name:	Phone Number:
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Section II: Select the request type and the applicable system.

1. Request Type:

NOTE: By selecting 'Update existing access', all selections below will supersede prior authorizations on file.

2. System: (check all that apply)

<input type="checkbox"/> Uniform Statewide Accounting System (USAS)	<input type="checkbox"/> Fiscal Management Query (FMQuery): Ad hoc reports from USAS and USPS.
<input type="checkbox"/> Texas Identification Number System (TINS)	<input type="checkbox"/> Human Resource Information System (HRIS)
<input type="checkbox"/> State Property Accounting System (SPA)	<input type="checkbox"/> Annual Financial Report Web Applications

Section III: Specify the access levels for each desired system below.

1. USAS — Select the payment voucher and/or payroll access type for each document you are requesting access to.

Document	Create	Release / Approve	Document	Create	Release / Approve	Document	Create	Release / Approve
Budget Entries			Deposit Corrections			Journal Vouchers		
Payroll			Encumbrances			Revenue		
Expenditures								

2. SPA — Select one of the following security profiles:

NOTE: For more information, see the Security Profiles and Access to SPA Screens — Reference Chart.

3. TINS — Select an online update access type AND additional security level.

<input type="checkbox"/> Check this box to request basic TINS inquiry access only.
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NOTE: Payroll information is confidential. Access should be limited for those requiring access to perform job duties.

Online update access type: _____

Additional security level option: _____

4. HRIS — Select one of the following access types:

5. AFR Web Applications — Select Add/Remove for applicable systems.

<input type="checkbox"/> Capital Asset Note Submission System (CANSS)	<input type="checkbox"/> Schedule of Expenditures of Federal Awards (SEFA)
<input type="checkbox"/> General Revenue Reconciliation (GRSC)	<input type="checkbox"/> State Pass-Through Reporting (SPTR)

Section IV: Employee Acknowledgement

As per Texas Administrative Code Chapter 202.20 and 202.70 - Security Standard Policy, by signing below, you understand that you are accountable for your actions relating to information resources and you agree that information resources shall be used only for intended purposes as defined by the state agency and consistent with applicable laws. You also acknowledge that you will comply with UTSA's security policies and procedures and have received, signed and have submitted a Confidential Tax/Vendor Information Agreement (CTIA) to Accounting Services along with this form. If given authorization to release documents, I acknowledge that I have received a copy of Section 5.61 of Title 34: Texas Admin Code and I understand the general requirements of claims processing and the significance of releasing a batch in USAS.

Employee Name (print name): _____

Employee Signature: _____ Date: _____

Section V: Supervisor Acknowledgement

By signing below you approve this request and acknowledge that you have validated the employee's access/maintenance request against assigned job responsibilities. Further, you will be responsible for promptly removing access in the event of an employee job change or resignation to assure access is timely revoked when access is no longer appropriate for the employee.

Supervisor Name (print name): _____

Supervisor Signature: _____ Date: _____

Accounting Services Use Only

Approved By Security Coordinator (print name): _____

Signature: _____ Date: _____

Approved By AVP, Financial Affairs/Controller (print name) : _____

Signature: _____ Date: _____