UTSA Financial Affairs

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

The Texas Education Code provides statutory authority for the optional waiver of fees in certain instances.

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).

Instructions: Complete the necessary information below, print and obtain required signatures.

| Section 1: Complete th | ne following f | ields for the employ | ree requesting access or maintenance t | o any of the systems |
|--|----------------|------------------------|--|----------------------------|
| Department: | | | 2001 | |
| User Name: | | | Email address: | Phone: |
| Supervisor Name | | | Email address: | Phone: |
| Name | Section | on 2: Select the requ | est type and the applicable system | |
| 1. Request Type: | | | NOTE: By selecting 'Update existing ac | cass' all salactions halow |
| 1. Request type. | | | will supersede prior authorizations on file. | |
| 2. System: (select all th | nat apply) | | | |
| Uniform Statewide Accounting System (USAS) | | | Fiscal Management Query (FMQuery): Ad hoc reports from USAS and USPS | |
| Texas Identification Number System (TINS) | | | Human Rescourse Information System (HRIS) | |
| State Property Accounting System (SPA) | | | Annual Financial Report Web Applications | |
| | | | ess levels for each desired system | |
| 1. USAS: Select the pay | | | 4. HRIS: Select one access type: | |
| type for each docum | | | 5 AFRICA II de Colonial III de Colonial III de Colonial II de Colo | |
| Document Type | Create | Release/Approve | 5. AFR Web Applications: Select Add/ systems | Remove for applicable |
| Budget Entries | | | Captial Asset Note | Submission System (CASS) |
| Payroll | | | State Pass-through Reporting (SPTR) | |
| Expenditures | | | Investments Note (DINNS/INVS) | |
| Deposit Corrections | | | Bond Reporting System (BOND/BRS) | |
| Encumbrances | | | Federal Schedule (FSSC) | |
| Journal Vouchers | | | GR Reconciliation (GRSC) | |
| Revenue | | | Long Term Liability Nore (LTLN) | |
| | | • | Lease Notice | Submission System (LNSS) |
| 2. SPA: Select one of the Note: For more information | | | to SPA Screens – reference chart | |
| 3. TINS: Select an onlin | ne update acce | ess type and additiona | al security level | |
| | Cl | neck this box to reque | est basic TINS inquiry access only | |
| Online update access t | уре: | | | |
| Additional security leve | el option: | | | |

Questions – Contact Accounting Services (210) 458-4212, accounting.ofc@utsa.edu

UTSA Financial Affairs

Section 4: 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.

| Responsible Parties | Signature | Date | | | |
|--|-----------|------|--|--|--|
| Employee Name: | | | | | |
| | | | | | |
| Section 5: 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. | | | | | |
| Responsible Parties | Signature | Date | | | |
| Supervisor Name: | | | | | |
| Accounting Services Use Only | | | | | |
| Responsible Parties | Signature | Date | | | |
| Security Coordinator Name: | | | | | |
| AVP, Financial Afairs Controller Nam | ne: | | | | |

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.