

**Office of Information and Organizational Systems
Montgomery County Public Schools
Rockville, Maryland 20850**

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FMS RESPONSIBILITIES ACCESS REQUEST FORM

INSTRUCTIONS: This form is used to request access to the Financial Management System (FMS). One form should be completed for each person needing the access. Return the completed form to CESC, Room 142 or fax to 301-279-3093. Notification will be sent to the requestor via e-mail after the process is completed.

Name of the requestor:

First Name

MI

Last Name

Employee ID _____

Melt ID(Outlook ID) _____

School/Office Name _____

Work Phone Number _____

I have attended the training for the access that I am requesting.

Check the following box (you can check multiple boxes):

Create Requisitions

Approve Requisitions

Create Journal Entries

Inquire IAF Invoices

Inquire Financial Data

Please check the TPT box if the requestor is a temporary, part-time employee:

TPT

Begin/end date must be filled for TPT:

Begin Date ____ / ____ / ____ End Date ____ / ____ / ____

Signature, Requestor: _____ Date ____ / ____ / ____

Signature, Principal/Dept. Director _____ Date ____ / ____ / ____