



FMS Responsibilities Access Request Form

Instructions

Use this form to request access to the Financial Management System (FMS). Each person who needs access must complete a form. Return the completed form to CESC, Room 151, or fax it to 301-279-8456. You will be notified via e-mail when your access is granted.

Requestor Information

Employee Name: _____
First Name *MI* *Last Name*

Employee ID: _____ School/Office Name: _____

Melt ID (Outlook ID): _____ Work Phone Number: _____

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

Check the one or more FMS responsibilities you are requesting:

- Create Requisitions Approve Requisitions Create Journal Entries
- Inquire IAF Invoices Inquire Financial Data Other _____

For Temporary, Part-time Employees

If you are a temporary, part-time employee, also complete this section.

I am a temporary, part-time employee.

Fill in the date range that access is being requested:

Begin Date: _____ / _____ / _____ End Date: _____ / _____ / _____

Signatures

Requestor: _____ Date: _____ / _____ / _____

Principal/
Dept. Director: _____ Date: _____ / _____ / _____