



## 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

Both signatures are required to process this request.

Requestor: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Principal/  
Dept. Director: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### OCTO Use Only

Date Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_