



TEXAS A&M UNIVERSITY-TEXARKANA USAS SECURITY ACCESS REQUEST FORM

PART I: USER Information for a NEW Account

DATE SUBMITTED: _____

A. Name (Last, First, Middle): _____

B. Position or Title: _____ C. UIN: _____

D. Organizational Unit: _____ E. Office Phone No.: _____

F. Email Address: _____ G. State of TX UserID (opt): _____

PART II: USAS Module Access

SPA TINS

Other: _____

Type of Access needed: List the access or the same security needed as (user name).

PART III: DATA ACCESS (applies to all users of USAS)

A: **Access** to centralized databases at Texas A&M University-Texarkana is restricted to those employees whose job responsibilities require specific access to accomplish the objectives of their job description or as required by State of Texas and/or federal regulations.

B: **Requests** for data access **must** be accompanied by the appropriate user information, documentation and supervisor approval.

C: **Forms needed:** Requests for data access **must** be accompanied by the appropriate supporting information:

- 1 - Confidential Tax Form (separate form)
- 2 - TrainTraq transcript documenting completion of the following courses:
 - a. 11021 - Disbursement of Funds
 - b. 11010 - HUB Purchasing Requirements

D: **Routing:** Requests for data access will be routed to the VPFA office for approval by the data owner. Supervisors will be informed immediately if there are questions or concerns in order to obtain further supporting documentation as necessary.

E: **User access** will be reviewed annually prior to September 1 by the user's supervisor and the appropriate data owner to determine the need for continuation and/or revision of access during the next fiscal year. A Security Access Renewal Form (or electronic equivalent) must be signed and submitted to the Information Technology office every year in order to maintain access to USAS.

PART IV: MENTOR TRAINING

A. Access to USAS is granted to the above employee if all forms and signatures are complete and approval of the data owner is obtained. All USAS and FAMIS security policies will be reviewed with the new user.

The employee must attend the next scheduled official training session or access will be revoked.

B. I agree to perform as a Mentor to this employee and accept responsibility for their activity in the USAS system until an official training session is available:

Printed Name/Title

Signature

PART V: REQUIRED SIGNATURES

A. **USER SIGNATURE:** I understand and agree to the above. I state that the information on this form is correct. I understand that I am ultimately responsible for all utilization of my ID and password and will not share these with anyone. I understand that use of all university resources must be related to the goals and mission of the agency and that use of resources for personal reasons is prohibited. I understand that misuse of access and/or of the data retrieved may be a violation of Texas A&M University System policies, regulations and rules and/or state or federal law and will be acted upon by the university in accordance with these documents.

(Access TAMUS policies at <https://www.tamus.edu/legal/policy/policy-and-regulation-library/>)

Printed Name/Title

Signature

B. **Supervisor Signature** : Access is required in order for the applicant to perform his/her duties and is authorized by the applicant's supervisor.

Printed Name/Title

Signature

Questions? Call USAS Security at #3110.

Information Technology Use Only:	
ID Assigned: _____	
Access Assigned: _____	Approval by VPFA _____
Created by: _____	USAS Security Officer: _____
Confidential Tax Form Rec'd <input type="checkbox"/>	
Date Added to system: _____	

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.