

FAMIS – USER ACCESS REQUEST FORM

Submit form to Paul Flores, System Administrator, FPM-MIS, paulf@usc.edu

APPLICANT INFORMATION:						
Name:		Title:		Crew:		
USC ID # (10 Digits):		Empl	Employee ID# (7 Digits):		_	
FAMIS SECURIT	V DDOEII E					
Technician		Supervisor	CRC	CAD Services		
Material Hand						
Locksmith 1	Locksmith 2	Locksmith Lead	Key Control			
Accounting	nting Engineering Services			Project Administrative		
Other (provided by supervisor):						
FAMIS ACTIVITY Asset Renewal						
Billable Service	es					
Corrective						
Events						
Key Requests						
Preventive Maintenance						
Projects						
Standing Work Order						
Supervisor Signature:				Date:		
MIS Approval Signature:				Date:		