

System Access Request Form: FAMIS

USER INFORMATION	
First Name	Last Name
schools.nyc.gov Email Address	Work Phone ()
PIN (e.g. pet's name, favorite city, favorite food)	Enter the following * (not applicable to Charter Schools) EIS/FILE ID
Title	
User Location (Select One)	
<input type="checkbox"/> CENTRAL (Universal) Office	
Borough/Citywide Location	
<input type="checkbox"/> NYCDOE BOROUGH/ <input type="checkbox"/> CITYWIDE OFFICE	<input type="checkbox"/> Affinity Group <input type="checkbox"/> Brooklyn North
	<input type="checkbox"/> Manhattan <input type="checkbox"/> Brooklyn South
	<input type="checkbox"/> Bronx <input type="checkbox"/> Queens North
	<input type="checkbox"/> Staten Island <input type="checkbox"/> Queens South
<input type="checkbox"/> SUPERINTENDENT OFFICE District(s)	District Number
<input type="checkbox"/> SCHOOL	District, Borough, Number (e.g. 25Q123)
<input type="checkbox"/> OTHER	

FAMIS APPLICATION ACCESS	
<input type="checkbox"/> New	Please accompany this form with a signed Mayoral Directive
<input type="checkbox"/> Modify an Account FAMIS User ID: _____	<input type="checkbox"/> Add Location <input type="checkbox"/> Reactivation <input type="checkbox"/> Change Location <input type="checkbox"/> Change Account Type
	Change Location or New Account Level Needed FROM _____ TO _____
<input type="checkbox"/> Deactivate an Account	REASON (Select One) <input type="checkbox"/> Administrator's Request <input type="checkbox"/> No Longer at Site <input type="checkbox"/> Other _____
FAMIS ACCOUNT TYPE (Select One)*	
<input type="checkbox"/> Initiator <input type="checkbox"/> Approver <input type="checkbox"/> Inquiry Only	
FAMIS ACCESS LEVEL *	
<input type="checkbox"/> None <input type="checkbox"/> Encumbrance <input type="checkbox"/> Spending Plan Processing (SP)	
<input type="checkbox"/> Budget <input type="checkbox"/> Payments	
<input type="checkbox"/> Change Notices <input type="checkbox"/> Imprest Fund (IV)	
<input type="checkbox"/> Other _____	



SIGNATURES		
By receiving a User ID I accept the responsibility for its proper and official use. I have signed and submitted the Acknowledgment of Receipt of Mayoral Directive 81-2 .		
User/ Requestor's Signature		DATE
Principal/Supervisor Name (Print)	Principal/Supervisor Signature	DATE
Superintendent's Name (Print) (Required if access is for Principal)	Superintendent's Signature	DATE

Instructions

Before you complete this form, please:

1. Make sure that your Outlook email contact information reflects your correct location, name, phone number and job title. To update your Outlook profile: please use the following link <http://idm.nycenet.edu/selfservice> or call the Help Desk at (718) 935-5100.
2. If you are requesting a new account, get the appropriate signature on the [Mayoral Directive](#).

Then, email or fax both forms to:

 systemsaccess@schools.nyc.gov
 (718) 326-8140

Please allow 1-3 business days for your request to be completed. You will receive an email confirmation once access has been granted.

Find this form at:
<https://infohub.nyced.org/nyc-doe-topics/it/doe-systems/systems-access-requests>

Security Office Use Only	
PROCESSED BY	
ACCOUNT STATUS	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Submitted Mayoral Directive	<input type="checkbox"/> Yes <input type="checkbox"/> No
DATE ENTERED	
USER ID	
SCOPE/ ACCESS LEVEL	
INCIDENT#	INITIALS
NOTES	