

CSCMC's SAMIS Fiscal Access Request Form

Fax to CSCMC at 772-288-5799

Employee Name	Title:		
Agency Name:			
Complete Mailing Address:			
Telephone Number:	()	Ext.	Fax Number: ()
E-Mail Address:			

Step 1 - Select requested change: New User Revision Termination due to: (Check one below)
 Employment termination OR
 Change in job responsibility

Step 2 – Select program access:

<input type="checkbox"/> Agency Super User Access - (This person will have access to ALL CSCMC funded programs within the agency with the checked modules in “Select Modules” below.)
<input type="checkbox"/> Agency Limited Access User - (This person will receive access to only the CSCMC funded programs listed in “Specified Programs” and the modules in “Select Modules” below.)

Step 3 - Specify program names: (Please list all CSCMC funded program affected by this request.)

1.	4.
2.	5.
3.	6.

Step 4 – Select Modules:

<input type="checkbox"/> Add New Position —Gives user the ability to add a new program position after the program budget has been approved.	<input type="checkbox"/> Program Funders – Allows the user to associate non-Martin County funders with the program budget.
<input type="checkbox"/> Workflow Administrator – Provides user with access to all fiscal workflow chain administration functions and reports.	<input type="checkbox"/> Funder Amendments – Allows the user to make changes to funder amounts, associated with the budget.

*Please Note: User access and roles in the workflow approval chains for **budgets, budget amendments, and reimbursements** are assigned by a designated Workflow Administrator or by the SAMIS helpdesk.

Step 5 – Select a Whole Report Group or Individual Reports:

Report Groups	Individual Reports
<input type="checkbox"/> Budget Report Group —Gives the user all budget reports listed to the right.	<input type="checkbox"/> Budget Amendment Detail <input type="checkbox"/> Program Budget <input type="checkbox"/> Individual Salary and Fringe <input type="checkbox"/> Three Year Budget Expense <input type="checkbox"/> Original Budget Salary and Fringe
<input type="checkbox"/> Reimbursement Report Group – Gives the user all reimbursement reports listed to the right.	<input type="checkbox"/> Reimbursement Detail <input type="checkbox"/> Summary Reimbursement <input type="checkbox"/> Summary GL Reimbursement
<input type="checkbox"/> Adjustments Report Group – Gives the user all adjustments reports listed to the right.	<input type="checkbox"/> Adjustment Detail <input type="checkbox"/> Adjustment Summary
<input type="checkbox"/> Workflow Report Group – Gives the user all workflow reports listed to the right.	<input type="checkbox"/> Workflow Approval Chain by Program
<input type="checkbox"/> Funding Report Group – Gives the user all funding reports listed to the right.	<input type="checkbox"/> Other Funder <input type="checkbox"/> Sources of Revenue Summary <input type="checkbox"/> Sources of Rev. Sum. Narrative

Agency Authorizing Signature: _____ Phone _____

Title: _____ Date _____

CSCMC Processed Date:	Initials:	Note:	CSCMC Form F1
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