CSCMC SAMIS Access Form

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

1.	2.
3.	4.

Step 3 – Select access:

☐ **Program (Data Entry)** - (This person will have access to **ALL participant and program related features** for the programs listed above).

☐ **Fiscal Access** - (This person will have access to **ALL fiscal related features** for the programs listed above).

☐ **Workflow** - (This person will be included in the Workflow Chain for the following):
　　☐ **Budgets**　　　　　☐ **Reimbursements**　　　　　☐ **Amendments**

Step 4 – Assign Workflow (If applicable):

	☐ **Budgets**	☐ **Reimbursements**	☐ **Amendments**
Mandatory	Creator Name:_____ Creator Email:_____	Creator Name:_____ Creator Email:_____	Creator Name:_____ Creator Email:_____
Optional	Reviewer Name:_____ Reviewer Email:_____	Reviewer Name:_____ Reviewer Email:_____	Reviewer Name:_____ Reviewer Email:_____
Mandatory	Submitter Name:_____ Submitter Email:_____	Submitter Name:_____ Submitter Email:_____	Submitter Name:_____ Submitter Email:_____

Step 5 – Select Report Groups: (All Users with Program access will have access to Program Report Groups and All Users with Fiscal Access will have access to Fiscal Report Groups. Report Groups may be assigned without granting access to other features in SAMIS)

Program Report Groups	**Fiscal Report Groups**	
☐ **CDG (Case Data Gatherer)**	☐ **Budget Report Group**	☐ **Position Management Report Group**
☐ **Group Activities Report Group**	☐ **Reimbursement Report Group**	☐ **Funding Report Group**
☐ **Performance Measurement Report Group**	☐ **Adjustment Report Group**	☐ **Workflow Approval Report Group**
☐ **Attendance Report Group**	☐	

Agency Authorizing Signature_____Phone_____

Title_____Date_____

For CSCMC Use Only:

CSCMC Processed Date:	Initials:	Note: ☐ Add to fiscal email OR ☐ Do not add to fiscal email	CSCMC Form F1

Rev. 03/13/2017