



# NYC Department of Education

Office of Fiscal Affairs , FAMIS Security Administration  
65 Court Street, Room 1802, Brooklyn, NY 11201  
718-935-3525 FAX: 718-935-5329

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>USER ID</b> (ENTER EIS ID IF KNOWN)						
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
New User		Update		Delete		

## FAMIS User ID Request / Update

NAME (PRINT)	<input type="text"/>	Title	<input type="text"/>
PIN:	<input type="text"/>	Phone	<input type="text"/>
	Mother's Maiden Name (REQUIRED)	Ext	<input type="text"/>
		FAX	<input type="text"/>
District(s)	<input type="text"/>	Location Code(s)	<input type="text"/>
		Facility/School	<input type="text"/>
			Name of Office, School, Facility, etc.
<b>ACCESS LEVEL</b>	<input type="checkbox"/> Initiator (100)	<input type="checkbox"/> Approver (200)	<input type="checkbox"/> Inquiry Only
			<input type="checkbox"/> Other - Specify Level <input type="text"/>
<b><u>INDICATE ONE LEVEL ONLY</u></b>			

**Document Processing** (SPECIFY DOCUMENT TYPES)

<input type="checkbox"/> None	<input type="checkbox"/> Encumbrance	<input type="text"/>
<input type="checkbox"/> Imprest Fund (IV)	<input type="checkbox"/> Change Notices	<input type="text"/>
<input type="checkbox"/> Spending Plan Processing (SP)	<input type="checkbox"/> Budget	<input type="text"/>
<input type="checkbox"/> Emergency Check Processing	<input type="checkbox"/> Payments	<input type="text"/>
<input type="checkbox"/> Other – Specify Document Types	<input type="text"/>	

I understand that my FAMIS User I.D. and Password may only be used by me to perform job related functions.  
**By signing this form I agree not to share my FAMIS User ID and Password with anyone else.**

User Signature  Email  Date

## **Department Head Approval** (REQUIRED)

***I certify the User indicated above to be an employee of the NYCDOE or my designee and will be performing functions relating to DOE Business.***

Signature	<input type="text"/>	Title	<input type="text"/>
Print Name	<input type="text"/>	Date	<input type="text"/>
		Phone	<input type="text"/>

**Print/Copy this form. Mail or FAX completed signed form to address above**