FAMIS

Policy for Security Breaches

Allegations

Allegations of a security breach will result in suspension up to 30 days pending the investigation of the facts.

First Offense

The first offense will result in suspension up to 30 days. Also, the offender shall receive a written reprimand. Copies of the reprimand will be distributed to the Vice President of Finance and Administration, Dean of Director of the offender, Internal Audit, and Security Control Analyst.

Other action may be taken in accordance to the federal and state law (Chapter 33 Section 1, Title 7 of the Texas Penal Code), depending on the severity of the breach.

The FAMIS Security Form will be signed for re-access to FAMIS.

Second Offense

Access will be denied for one year from the time breach is discovered.

Other action may be taken in accordance to the federal and state law (Chapter 33 Section 1, Title 7 of the Texas Penal Code), depending on the severity of the breach.

The FAMIS Security Form will be signed for re-access to FAMIS.

Third Offense

Access will be permanently denied.

Other action may be taken in accordance to the federal and state law (Chapter 33 Section 1, Title 7 of the Texas Penal Code), depending on the severity of the breach.

Statement of Responsibility

Access Request Form
I understand that I will be violating System Rules and Regulations and State and Federal law if I gain or help others gain unauthorized access to the Financial Accounting Management Information System (FAMIS). I acknowledge that neither I nor anyone else possess the authority to allow anyone to use my I.D. or password.

I also understand that if I violate System regulations and state and federal laws by gaining or helping others gain unauthorized access to FAMIS, I will be subject to disciplinary action and criminal prosecution to the full extent of the law (Chapter 33 Section 1, Title 7 of the Texas Penal Code).

By logging on to this computer system, I acknowledge my responsibility for strictly adhering to System Rules and Regulations and State and Federal law. I am also aware that penalties exist for unauthorized access, unauthorized use or unauthorized distribution of information from FAMIS.

I further agree not to attempt to circumvent the computer security system by using or attempting to use any transactions, software, files or resources I am not authorized to use.

Date ______________________________ Name of User ______________________________

User's Title ______________________________ Signature of User ______________________________

Name of User's Department ______________________________ Name of Department Head ______________________________

Name of Witness ______________________________ *Signature of Witness ______________________________

(*) Witness signs to verify that the above user actually signed with an understanding of the statements.
**FAMIS & EPA SECURITY**
**ACCESS REQUEST FORM**

**Full Name:**

Last __________________________________________  First __________________________________ M.I. ____________

**SSN:** __________________________  **UIN:** __________________________  **Date of Birth:** __________________________

**Email Address:** __________________________________________

**Position:** __________________________________________

**Department:** __________________________________________  **Mail Unit #:** __________________________

**Office Phone:** __________________________

**Employment Status:**

- Full-Time Employee __________
- Part-Time Employee __________
- Student Worker __________

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**FAMIS / EPA Access Level(s) Requested. Please select from each box.**

**PURCHASING (PEP, PLP, PRQ)**

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**PAYROLL**

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**Level 6:** SPECIAL (Fixed Assets, Sponsored Research, etc.) - specify:

**All levels require Access Training (Introduction to Famis) which is on a CD.**

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**Signatures:**

- **Person Requesting Access** __________________________
- **Date** __________

- **Contact Person/Business Coordinator** __________________________
- **Department** __________________________
- **Date** __________

- **Dept/College Head** __________________________
- **Department** __________________________
- **Date** __________

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Please fill out form completely and forward to Shelley Knight at USC 218.  
You will be contacted by phone when your ID is ready. Shelley will give you a CD to do Access Training.

12/16/2004