

APPLICATION FOR FAMIS USER ID AND PASSWORD



Government of South Australia
Department of Planning,
Transport and Infrastructure

Please complete **all** fields, then scan and email to business.systems@sa.gov.au

Agency Name: _____ FAMIS Client Code: _____ (if known)

Name: _____ Position: _____

Location: _____ Phone: _____

Email: _____

| FAMIS Functions – refer to next page for definitions <i>Please tick one of these boxes</i> | Agency User Profiles | | | | | Health G Kpr | Schools only | FM User Profile | | Hotline | CM |
|------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 1 | 1 |
| Enquiry of FAMIS data | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Work Request Creation | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Modify Accounting Data | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Release of Planned Work | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | <input checked="" type="checkbox"/> |
| Acceptance of Cost Claim | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> |
| Approval of Cost Claim | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> |
| Budget Updating | | | | | | | | | | | <input checked="" type="checkbox"/> |
| Invoicing by FM | | | | | | | | | <input checked="" type="checkbox"/> | | |
| Tax Invoice Authorisation | | | | | | | | | <input checked="" type="checkbox"/> | | |

| Designated Location (DL) Name & Number/s required (for all agency assets, write "all assets") | |
|--------------------------------------------------------------------------------------------------|--------------------------|
| Designated Loc. No | Designated Location Name |
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FAMIS Access Approving Officer Authorisation:

Sign: _____ Print Name: _____ Position/Title: _____

DPTI Use Only: Date Received: _____ Date sent to IS: _____

User ID: _____

AGFMA Unit Approval: _____

FAMIS Functions Defined

| Agency Functions | Description |
|--------------------------|----------------------------------------------------------------------------|
| Enquiry of FAMIS data | View job information |
| Work Request Creation | Create planned and unplanned jobs |
| Modify Accounting Data | Amend job information – account codes, cost categories, general references |
| Release of Planned Work | Releasing planned work requests to be allocated a job number |
| Acceptance of Cost Claim | Acceptance that the work has been performed correctly |
| Approval of Cost Claim | Authorise job for payment to FM Service Provider |

| Agency Specific Profiles | Description |
|--------------------------|-------------------------------------------------|
| 7. DECD School User | Profile reserved for schools only |
| 8. Health Gatekeeper | Profile reserved for SA Health Gatekeepers only |

| FACILITIES MANAGER (FM) Service Provider Functions | Description |
|----------------------------------------------------|--------------------------------------------|
| Enquiry of FAMIS data | View job information |
| Invoicing | Assign invoices and authorise tax invoices |

DPTI Office Use Only

| Agency Profile No. | Associated Doing Role |
|--------------------|-------------------------|
| 1 | AGENCY_ENQ |
| 2 | AGENCY_AGREE |
| 3 | AGENCY_ACCEPT |
| 4 | AGENCY_APPROVE |
| 5 | AGENCY |
| 6 | AGENCY_SUPER_GATEKEEPER |
| 7 | AGENCY_DECD |
| FM Profile No. | Associated Doing Role |
| 1 | FACMGR_ENQ |
| 2 | FACMGR |
| DPTI Profile No. | Associated Doing Role |
| 1 | Hotline |
| 2 | CMGR |