

APPLICATION FOR FAMIS USER ID AND PASSWORD



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: _____

Note: If you require FAMIS training, please indicate by ticking this box -

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"/>	<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"/>	<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"/>	<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"/>					<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

FAMIS Access Approving Officer Authorisation:

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

DIT 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
6. Health Gatekeeper	Profile reserved for SA Health Gatekeepers only
7. DECD School User	Profile reserved for schools only

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

DIT 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
DIT Profile No.	Associated Doing Role
1	Hotline
2	Contract