

**University of Miami**  
**Report Distribution FRS Access Form**  
INCOMPLETE FORMS WILL BE RETURNED

**REQUESTOR:** (Please check one):  ADD  DELETE  UPDATE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

EMAIL: \_\_\_\_\_  
FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ USER ID: \_\_\_\_\_ UMID: \_\_\_\_\_ PHONE: \_\_\_\_\_

CAMPUS BLDG: \_\_\_\_\_ ROOM #: \_\_\_\_\_ LOCATOR CODE: \_\_\_\_\_ FAX: \_\_\_\_\_

**REQUESTING ACCESS FOR:** (Select one or both)  EOS WEB  EOS/THIN CLIENT SERVER\*

\*EOS/TC carries a one-time charge of \$200 for software license and a \$50 annual charge for maintenance & upgrades.  
To request this access, attach a completed & approved Interdepartmental Requisition Form (FA-2 331217)

The use of the I.D. number or information obtained using this system by person(s) not authorized may result in violation of the Family Education Rights and Privacy Act (Buckley Amendment), HIPAA, and other confidentiality provisions of state and federal law and can lead to disciplinary sanctions, which may include dismissal from the University of Miami. I have read, understand and agree to abide by the University of Miami Policies (F04x, F045, F046).

REQUESTOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING TO REQUEST ACCESS TO THE FOLLOWING FINANCIAL REPORTS:**

REPORT 90  REPORT 91  SALARY ENCUMBRANCE  LABOR DISTRIBUTION  TRIAL BALANCE  Attached additional page

FOR: Department Number: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ and Sub-Department (if assigned) \_\_\_\_ \_\_\_\_

FOR: Range of Department Number: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ to \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

FOR: Account Number(s) or Range: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ to \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

**Include Salary Information? (Select one)** \_\_\_\_ Yes \_\_\_\_ No

Indicate if you are replacing someone and require access to that person's historical reports: \_\_\_\_ Yes \_\_\_\_ No

If yes, include person's full name (print): \_\_\_\_\_ User ID: \_\_\_\_\_

Requestor's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**School/Department Authorization:** The undersigned authorizes the above employee to obtain access to the University of Miami financial reports listed, which may contain confidential information. (Signature levels required: The signature of the Dean/Chair, Dept. Administrator or the Account Responsible Person is required.)

**Computer Charge Account Number of Authorized Signer:** \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Please forward this completed form to **Luis F. Dongo**, Controller's Office, UM Gables One Tower, Suite 150, 1320 South Dixie Highway, Coral Gables, locator code 2912. For information, please call 284-1028 or fax 284-4850.

**CONTROLLER'S OFFICE ONLY:**

FRS Data Custodian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comment(s) \_\_\_\_\_

**IT SECURITY OFFICE ONLY:**

[FC# \_\_\_\_\_ ]

User ID: \_\_\_\_\_ Security Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comment(s): \_\_\_\_\_

**IT APPLICATION DEVELOPMENT OFFICE ONLY:**

RDS Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments(s): \_\_\_\_\_

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**Most Requested Financial Reports**

**REQUESTOR:**

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

USER ID: \_\_\_\_\_ UMID: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

DEPARTMENT NUMBER	SUB DEPT	ACCOUNT NUMBER	CAMPUS	FORM NUMBER	TITLE OF REPORT	JOB NUMBER
			ALL	FR90	Form 90 SL Accounts	FRM68JLR
			ALL	FR91	Form 91 GL Accounts	FRMRSJN0
			ALL	HR3F	Salary Encumbrance by Account	HRM30J01
			ALL	HR3P/HR3Q	Monthly Labor Distribution	HRM34J08
			MEDICAL ONLY	FR2D	Medical Trial Balance by Dept	FRM26JLR
			MEDICAL ONLY	FR2G	Medical Trial Balance by Dept – Sub Dept – Account order	FRM26JLR
			MEDICAL ONLY	FR2K	Medial Trial Balance Sub Object by Department – Sub Dept	FRM26JLR
			ALL	TCA2	Telecommunications Detail Long Distance Charges	TCM01JL0
			ALL	TCA3	Telecommunications Summary Long Distance Charges	TCM01JL0
			ALL	TC93	Telephone Detail Billing by Dept	TCM35PDM
			ALL	TC95	Telephone Summary by Dept	TCM36PDM