City and County of San Francisco

Office of the Controller

**FAMIS/ADPICS USERID SET-UP INSTRUCTIONS**

***This package contains the following:***

**Request for User ID Form**

**FAMIS Security Request Form**

**ADPICS Security Request Form**

**Controller’s City Financial Information Security Agreement**

**DTIS Mainframe Security Reference**

**Request for User ID Form**

This form is required for requesting user ID for new users and also for users transferring to your department with previous access to FAMIS or ADPICS. For users transferring to your department, please provide their existing USERID. This form may be used to request multiple users for your department.

This form must be signed by the department head or security coordinator assigned by the department head.

# FAMIS Security Request Form

Please fill out this form if you are requesting access for FAMIS.

# ADPICS Security Request Form

Please fill out this form if you are requesting access for ADPICS. This form will be forwarded to the Controller's Office ADPICS Security for user setup in ADPICS. Access to ADPICS requires access to FAMIS so you must fill out the FAMIS form if you are a new ADPICS user.

# Controller’s City Financial Information Security Agreement

Please have the user read the agreement, fill out the form and sign the agreement.

# DTIS Mainframe Security Reference

*Please retain this instruction sheet for future reference.*

You will need to follow the instructions to sign on to FAMIS/ADPICS for the first time.

Instructions are also provided on this form if you have any password related problem and cannot log into the system.

***Instruction:***

Please complete FAMIS Security forms and send 2 copies to famis.system.security@sfgov.org:

One pdf signed copies, and one Excel file to initiate the user id request from DTIS. **Submit the original forms via interoffice mail to**: Controller’s AOSD, Room 488 City Hall.

We will notify your departmental security coordinator (normally within 7 days) regarding your request for user setup.

Request for changes to any current users profile must come from the department security coordinator and must be in writing (e-mail preferred). Please send request to [FAMIS.System.Security@sfgov.org](mailto:FAMIS.System.Security@sfgov.org)

We would like to remind you that any changes (transfer, retirement, or termination) to the status of personnel with access to FAMIS or ADPICS in your department should be reported to us in writing to [FAMIS.System.Security@sfgov.org](mailto:FAMIS.System.Security@sfgov.org) as soon as possible.

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| **ONTROLLER'S OFFICE** | | | | | | | |
| **Request for USER ID FORM** | | | | | | | |
|  |  |  |  |  |  |  | |  | | --- | |  | |
| **Instructions to complete this form:** | |  |  |  |  |  |  |
| **Complete this form for requesting USER ID for new users and for transfers to your department** | | | | |  |  |  |
| **Column c** | ***Provide login in ID. for existing users, blank for new users*** | | |  |  |  |  |
|  | ***For transfers, please provide LOGIN ID if user had access to FAMIS previously*** | | | |  |  |  |
| **Column h** | ***Provide email address*** |  |  |  |  |  |  |
|  | ***We will contact you for this information if we have problems setting up your connection to FAMIS*** | | | |  |  |  |
|  |  |  |  |  |  |  |  |
| **Note:** | **You must inform us of any changes in the status of FAMIS users in your department (transfer out, retirement, or termination)** | | | | | |  |
|  | **Please send e-mail regarding these changes to Lina Tacorda** | | |  |  |  |  |
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| a | b | c | d | e | f | g | h |
| LAST NAME | FIRST NAME | LOGIN ID | LAST 4-DIGIT OF SSN ID# | Work Address | Phone # | Department | Email |
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| *DTIS requests using the last 4-digit of your SS#. This helps insure that it will be unique.* | | | | |  |  |  |
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| **Department:** |  |  |  |  |  |  |  |
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| **Department Head/Security Coordinator Signature:** | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Department Head/Security Coordinator Name:** | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Phone Number:** |  |  |  |  |  |  |  |

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