UNC Charlotte- Archibus Financial Account Manager (FAM) Request for Access Form					Last Revised: 02/13/20	
Type of Security Update R	Requested:					
Add New User Upda		e User	Rem	nove Current User		
Designated Employee an	d Personnel Informat	ion				
☐ Primary FAM	-Personnel Info	rmation	☐ Secondary FA	M- Personne	Information	
☐ Third FAM-Personnel Information			☐ Fourth FAM- Personnel Information			
Name:			Name:			
Faculty/Staff NinerNet:			Faculty/Staff NinerNet:			
Email Address:			Email Address:			
Building:	Room:		Building:	Room:	Room:	
Phone Number:	Fax Number:		Phone Number:	Fax Numb	Fax Number:	
Organization Code	Sub-Depa	rtment Name	Organization Cod	e Sub-l	Sub-Department Name	
Director/Chair/Dean Signat	ure					
Signature:			Printed Name:			
Title:			Date:			
Phone Number:						

COMPLETE FORM AND SUBMIT TO THE FACILITIES MANAGEMENT FINANCE AND BUSINESS OPERATIONS OFFICE RETAIN A COPY FOR YOUR RECORDS