

INFORMATION + TECHNOLOGY SERVICES (ITS)

REQUEST FOR USER ID & SECURID CARD FOR THE AMS SYSTEM

Use this form to: request a User ID and SecurID card for the AMS system, make changes.

CONFIDENTIAL when completed.

Date: _____

APPLICATION INSTRUCTIONS

SEND TO:

AMS System Access

Fax: 416-978-4167

Email: access.easi@utoronto.ca

1. Please print all information using a ballpoint or felt-tip pen.
2. Complete **ALL** sections.
3. Please keep a copy of the form for your records.
4. This form is not for ROSI access – please see link below for ROSI:
<http://www.sis.utoronto.ca/downloads/access.pdf>

SECTION 1: USER INFORMATION AND LOCATION

U/T Personnel Number: _____ U/T Position Number: _____

☐ Check here if applicant is a
**CASUAL. Position number NOT
required for CASUALS.**

Name:

Last Name (Please print)

First Name

Initial

Faculty/Division/Campus/Federated College: _____

Department: _____

Job Title: _____

Address: _____

Phone: _____

Fax: _____

E-Mail Address: _____

SECTION 2: POSITION NUMBER AND ROLE INFORMATION:

☐ Position Number has roles attached – AMS Access forms not required. Please provide your Org Unit No.: _____

OR:

☐ Position Number does not have Roles attached – the following AMS Access forms are attached:

☐ FIS ☐ HRIS ☐ RIS ☐ CP ☐ SM-F&S ☐ Audit ☐ Other

☐ DIS form sent to AI Nausedas for processing. ☐ DIS form attached.

SECTION 3: ACTION REQUIRED and EFFECTIVE DATE:

☐ New User ☐ Delete User ☐ Move ☐ Reactivate

Effective Date: _____

☐ I am working in two departments:

Dept 1 _____ Time % _____ Terminate Date _____

Dept 2 _____ Time % _____ Terminate Date _____

Please enter all your existing User IDs for
AMS and ROSI if known:

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AMS User ID

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ROSI User ID

SECTION 4: SECURID CARD ACCOUNTING INFORMATION

4a. If you have a SecurID card, please complete this section.

☐

Reassign

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(Serial # is on the back of your SecurID Card.

Expiry date

Previous user (if known)

4b. If you do not have a SecurID card, please complete this section. I+TS will set up a new SecurID card for you, and charge your department the \$125 card fee.

Fund Center: _____ Cost Center: _____ Account #: _____

SECTION 5: CONFIDENTIALITY STATEMENTS AND USER SIGNATURE

I understand and agree that the information/data I have been authorized to access is considered **CONFIDENTIAL**. Under no circumstances will such information available to me be used, conveyed or discussed by me, unless required in the performance of my duties. Failure to comply with this requirement may result in denial of access and other disciplinary action.

COMPUTING SECURITY REQUIREMENTS

- Keep your password/PIN confidential.
- Never use someone else's password/PIN or UserID/SecurID Card.
- Never share your password/PIN or UserID/SecurID card with someone else.
- Do not install or use illegal copies of software on University computers.
- Do not make unauthorized copies of any data files or software.
- You should not leave your workstation/terminal unattended when you are logged on.
- You should not write down your password/PIN.

User's Signature: _____

SECTION 6: AUTHORIZATION & CONTACT PERSON

Department Head's Name (Please print)

Signature

Phone

Person to Contact: _____ Phone: _____

E-Mail Address: _____

OTHER INFORMATION

You should not store any confidential or sensitive information on the hard drive of your PC unless you have security software installed to protect the information.

SecurID Card:

When you leave the department, your SecurID card must be turned in to your supervisor.

Your department is responsible for the replacement cost of lost, damaged and expired SecurID cards.

For the latest versions of security and access procedures and guidelines, please visit the Computer Security Administration Web Page at <http://www.utoronto.ca/security>

INTERNAL USE ONLY

Request No: _____