Miami-Dade County
FAMIS Liaison and Authorized Signatures for Systems Security Access Form
Fiscal Year 2013-2014

Department (Name and FAMIS Code): _____

Approved by: _____ Date: _____

DEPARTMENT DIRECTOR SIGNATURE
(NO SIGNATURE STAMP)

_____

DEPARTMENT DIRECTOR NAME
(PLEASE PRINT OR TYPE)

Return by, Monday, September 16, 2013

Return form to Marilyn Crucet, Finance Department, 111 N.W. 1st Street, Suite 2620.

The department understands that it is responsible for submitting a new memo to Finance should staffing changes occur during the fiscal year in relation to these assignments.

FAMIS Liaison Designee

This is the individual(s) who will serve as the primary contact between the department and Finance Department for financial and FAMIS system related matters and the gathering and furnishing of information necessary for the Accounting Division to prepare the financial statements. This individual(s) will also receive all written notifications that pertain to system availability during the year.

The department has designated the person(s) listed below to act as FAMIS Liaison* for the 2012-13 fiscal year closing and the 2013-14 fiscal year:

NAME TYPE OR PRINT	TELEPHONE

Authorized Signatures for Systems Security Access Form

Individual(s) listed below are officially authorized by the department director to sign the Security Form to create, update, and/or delete **FAMIS, Accounts Payable, and Construction Contract Payable system** access for fiscal year ending September 30, 2014. *The individual(s) listed below must hold Executive Accountant position or higher.*

NAME TYPE OR PRINT	SIGNATURE