

**REQUEST FOR SETUP OR CHANGE - ADMINISTRATIVE MANAGEMENT SYSTEMS (AMS)**

**MY RESEARCH ON-LINE ACCESS (MROL)**

CONFIDENTIAL when completed. Fax to: AMS HQ 215 Huron Street, 4<sup>th</sup> floor, 416-971-2426

1. Complete the following information to identify yourself:

Name: \_\_\_\_\_  
*Last name (Please print):* \_\_\_\_\_ *First name:* \_\_\_\_\_ *Initial:* \_\_\_\_\_

\_\_\_\_\_ *Department/Faculty:* \_\_\_\_\_ *Personnel Number* \_\_\_\_\_ *Date* \_\_\_\_\_

**Please indicate your role**

PI  Business Officer  Project Mgr/Assistant

AMS ID:         Phone: \_\_\_\_\_

Check one: Setup new AMS ID  Update existing AMS ID  Delete AMS ID

2. **FIS only** - Enter the commitment fund centre(s) and mark for addition or deletion. If an entire commitment fund hierarchy is required, list only the fund centre at the top of the hierarchy.

Commitment Fund Centre Number	Commitment Fund Centre Description	Addition	Deletion	User ID (office use only)

3. Form **must contain** Contact Person for PI role only

\_\_\_\_\_ *Person to contact (Please print)* \_\_\_\_\_ *Title* \_\_\_\_\_ *Univ.Tel.#*

\_\_\_\_\_ *E-Mail address*

4. Form must include: Department Head's signature of approval for PI or Business Officer role  
 PI's signature of approval for the Project Manager/Assistant role

\_\_\_\_\_ *Authorized by (please print)* \_\_\_\_\_ *Phone* \_\_\_\_\_ *Title*

\_\_\_\_\_ *Signature* \_\_\_\_\_ *Date*