

### **SAMIS Report Access Request Form**

Employee Name			
Agency			
Employee Location Address			
Employee Telephone		Employee Fax number	
E-Mail Address			

**Step 1 - Select the change requested:**

- New User**     
  **Revision**     
  **Termination**

**Step 2 – Select program access:**

**Agency Super User Access-** (This person will have access to all CSC funded programs within the agency and all reports).

**Agency Limited Access User-** (This person will receive access to only selected programs selected below.  
**List specified programs:**

1.	5.
2.	6.
3.	7.

**Step 3 – Select Report Group access (Complete this section if Agency Limited Access User is selected above)**

**Program Reports:** User has access to all Program reports

*CDG – user has access to all listed reports*

- Client Level Detail Report
- Active Cases Report
- Cases Opened and Closed Report
- Referrals Report
- Performance Report

*Attendance user has access to all listed reports*

- Attendance Utilization Report
- Weekly Attendance Report
- Participant Attendance Report

*Performance Measures- user has access to all PM reports*

- Performance Measures Detail Report

**Fiscal Reports:** *user has access to all Fiscal reports*

- Budget - user has access to all listed reports*
- Individual Salary and Fringe Report
- Original Budget Salary and Fringe Report
- Program Budget Report
- Three-Year Budget Expense Report
- Budget Amendment Detail Report

*Reimbursement - user has access to all listed reports*

- Reimbursement Detail Report
- Summary Reimbursement Report
- Unit Cost Summary Reimbursement Report

Agency Authorizing Signature: _____	Phone _____
Title: _____	Date _____

Date Changed:	Initials:	Code 1:	
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