

**FMVIEW User Maintenance Form**

<b>User Name:</b> _____		<b>TPX ID:</b> _____	
<b>Phone:</b> _____		<b>For MMRS Use Only:</b>	
<b>E-mail address:</b> _____		Process Date: _____	
<b>Agency:</b> _____		By: _____	
<b>Agency Address:</b> _____ _____ _____ _____		<b>Send to:</b>	
		DFA / MMRS Robert Clark Building 301 North Lamar Street, Suite 400 Jackson, MS 39201 Fax: (601) 359-6551 Email: <b>MASH@dfa.ms.gov</b>	
**I am aware of, and have read the <b>DFA Policy for Treatment of Social Security Numbers (SSNs)</b> on the MMRS website at <a href="http://www.dfa.ms.gov/mmrs/">www.dfa.ms.gov/mmrs/</a> > About Us > Active Administrative Rules. I agree to accept responsibility for the protection and use of SSNs contained in any reports and for securing these reports. I also agree to abide by any amendments to this policy posted by DFA, via this website, to ensure the privacy and confidentiality of SSN information as required by law.			
<b>SPAHRs Maintenance Action (circle one):</b> <b>Add</b> <b>Change</b> <b>Delete</b> - <b>effective date:</b> _____			
<b>SPAHRs Agency Number(s):</b> _____ _____ _____ _____			
<b>*SPAHRs ID:</b> _____ <small>(Required for Agency Run Prelim/Final Payrolls and Agency Run Prelim/Final Travel Payrolls)</small>	<b>*Agency Run Prelim/Final Payrolls:</b> _____	<b>Pay Stubs:</b> _____	
<b>Remote Printer ID/Printer Class:</b> _____	<b>*Agency Run Prelim/Final Travel Payrolls:</b> _____	<b>Travel Payroll:</b> _____	
	<b>Payroll:</b> _____	<b>Other Reports:</b> _____	
	<b>Security Reports:</b> _____	<b>Qtrly Earnings Report:</b> _____	
	<b>Manage Contracts:</b> _____		
<b>Authorized SPAHRs FMVIEW Security Contact OR                  Authorized SPAHRs Security Contact (for Security Reports only)</b>			
<b>NAME (Please Print):</b>		<b>PHONE:</b>	
<b>**SIGNATURE:</b>		<b>DATE:</b>	
<b>Agency Executive Director (for Qtrly Earnings Report only)</b>			
<b>NAME (Please Print):</b>		<b>PHONE:</b>	
<b>**SIGNATURE:</b>		<b>DATE:</b>	