

FMVIEW User Maintenance Form

User Name: _____		TPX ID: _____	
Phone: _____		For MMRS Use Only:	
E-mail address: _____		Process Date: _____	
Agency: _____		By: _____	
Agency Address: _____ _____ _____		Send to:	
		DFA / MMRS Robert Clark Building 301 North Lamar Street, Suite 400 Jackson, MS 39201 Fax: (601) 359-6551 Email: MASH@dfa.ms.gov	
**I am aware of, and have read the DFA Policy for Treatment of Social Security Numbers (SSNs) on the MMRS website at www.dfa.ms.gov/mmrs/ > 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.			
SPAHRs Maintenance Action (circle one): Add Change Delete - effective date: _____			
SPAHRs Agency Number(s): _____			
*SPAHRs ID: _____ <small>(Required for Agency Run Prelim/Final Payrolls and Agency Run Prelim/Final Travel Payrolls)</small>	*Agency Run Prelim/Final Payrolls: _____	Pay Stubs: _____	
Remote Printer ID/Printer Class: _____	*Agency Run Prelim/Final Travel Payrolls: _____	Travel Payroll: _____	
	Payroll: _____	Other Reports: _____	
	Security Reports: _____	Qtrly Earnings Report: _____	
	Manage Contracts: _____		
Authorized SPAHRs FMVIEW Security Contact OR Authorized SPAHRs Security Contact (for Security Reports only)			
NAME (Please Print):		PHONE:	
**SIGNATURE:		DATE:	
Agency Executive Director (for Qtrly Earnings Report only)			
NAME (Please Print):		PHONE:	
**SIGNATURE:		DATE:	