



TEMPORARY ALTERNATE FIS USER FORM

1. User Information:

Name: _____ Ext: _____ UWIN ID: _____
Department: _____ Current Position: _____
Temporary FIS User ID Expiration Date: _____

2. Role Required:

ACCESS REQUIRED TO THE FOLLOWING ROLE: _____
(Same as another individual)

3. Authorization: ***Must be signed***

Authorization Signature: _____ Date: _____
Print Name: _____

Once signed, submit form to Security Administrator: fabs@uwindsor.ca (no faxes or hard copies please). If you have any questions about the form, please contact the Systems Assistant at ext. 2143.

SECURITY ADMINISTRATOR (FINANCE DEPARTMENT) USE ONLY

Authorization Signature: _____ Date: _____

Comments: _____

Address Book #: _____

☐ User Profile

☐ User Security

☐ Password