



**ANTHONY INDEPENDENT SCHOOL DISTRICT**

**TxeIS ACCESS REQUEST FORM**

\_\_\_\_\_  
**PRINT EMPLOYEE NAME**

\_\_\_\_\_  
**EMPLOYEE JOB TITLE**

\_\_\_\_\_  
**EMPLOYEE DEPARTMENT OR CAMPUS**

\_\_\_\_\_  
**DATE REQUESTED**

ROLE(S) BEING REQUESTED FOR TxeIS:

**FINANCE MODULE:**

- ACCOUNTS PAYABLE SPECIALIST
- ACCOUNTS RECEIVABLE SPECIALIST
- AUDITORS
- BUDGET MODULE ENTRY
- FINANCE DIRECTOR
- FINANCE INQUIRY & REPORTS ONLY
- HR/PAYROLL SPECIALIST
- REQUISITION SPECIALIST

**INCLUDES FINANCE, STUDENT AND / OR OTHER MODULES:**

- CHILD NUTRITION PROGRAM MANAGER
  - SECURITY ADMINISTRATOR
- (LIMITED TO FINANCE DIRECTOR & NETWORK ADMINISTRATOR)

**STUDENT or PEIMS MODULE:**

- ASSISTANT PRINCIPAL
- ATTENDANCE CLERK/RECEPTIONIST
- ATTENDANCE CLERK/REGISTRAR
- ATTENDANCE LIASON DISTRICTWIDE
- ELEMENTARY / MS COUNSELOR
- HS MS COUNSELOR
- HS OR MS SECRETARY
- INSTRUCTIONAL PROGRAM COORDINATOR
- LIBRARIAN
- MATH COACH
- MS SCHEDULING
- NURSE / LVN
- PEIMS COORDINATOR
- PRINCIPAL
- SPECIAL EDUCATION DIRECTOR
- SUPERINTENDENT

**CAMPUS ACCESS NEEDED: FOR STUDENT OR PEIMS MODULES**

- ELEMENTARY
- MIDDLE SCHOOL
- HIGH SCHOOL

IF A TxeIS USER CURRENTLY EXISTS, STATE THE CURRENT EMPLOYEE WHO HAS ACCESS AND THE EMPLOYEE WHO IS TO RECEIVE USER ROLE(S).

\_\_\_\_\_  
CURRENT USER

\_\_\_\_\_  
USER TO RECEIVE ROLE(S)

DEACTIVATE CURRENT USER

\_\_\_\_\_  
CURRENT USER

\_\_\_\_\_  
USER TO RECEIVE ROLE(S)

DEACTIVATE CURRENT USER

IF ROLE ACCESS CHANGE IS NEEDED; PLEASE DESCRIBE CHANGE BELOW:

SIGNATURES:

\_\_\_\_\_  
**SUPERVISOR**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**FINANCE DIRECTOR**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SUPERINTENDENT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**CATALINA LEVARIO**

\_\_\_\_\_  
**DATE**

(FOR ACCESS TO ANY MODULES IN THE STUDENT OR PEIMS SECTION)

EMPLOYEES UNDERSTANDS AND AGREES TO COMPLY WITH ANTHONY INDEPENDENT SCHOOL DISTRICT'S GUIDELINES REGARDING PASSWORD SECURITY: A) I WILL NOT SHARE MY PASSWORD WITH ANYONE ELSE, B) I WILL LOGOFF THE SYSTEM WHEN I LEAVE MY WORKSTATION, C) I WILL MAINTAIN THE CONFIDENTIALITY OF ALL AISD DATA, D) I WILL REFER ALL REQUESTS FOR INFORMATION TO THE SUPERINTENDENT OR FINANCE DIRECTOR, E) I WILL NOT LEAVE MY PASSWORD IN AN AREA WHERE IT CAN BE FOUND, F) I WILL CHANGE MY PASSWORD WHEN I BELIEVE THAT MY PASSWORD HAS BEEN COMPROMISED, AND G) I WILL ENSURE THAT ALL DATA MAINTAINED ON MY WORKSTATION IS ADEQUATELY PROTECTED. I UNDERSTAND THAT FAILURE TO DO SO WILL RESULT IN ADMINISTRATIVE ACTION THAT COULD INCLUDE TERMINATION.

\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**DATE**

**PLEASE TURN INTO THE FINANCE DIRECTOR ONCE ALL OTHER SIGNATURES HAVE BEEN OBTAINED.**