

TEXAS A&M UNIVERSITY-COMMERCE

FAMIS CLAIM REQUEST FORM

AFR MODULE

NAME: _____

SSN: _____

LOGIN: _____

DEPARTMENT: _____

OFFICE PHONE: _____

POSITION OR TITLE: _____

Profile or screens to use: _____

Signature _____ Date _____

Dept. Head Signature _____ Date _____

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CTIS Use Only

Date Received: _____

Added by _____ Date Added _____