# CALIFORNIA STATE CONTROLLER'S OFFICE
## State Accounting and Reporting Division
## TRIS Access Request Form

## Agency Information

| Agency Name: | | Agency Code: | Multiple Agency Code: ☐ Yes ☐ No | FI$Cal Department: ☐ Yes ☐ No |
|---|---|---|---|---|
| Types of Transaction (F$ Dept. Only): | | | | |

## Department Approver Information

| Approver Name: | Title: | Signature: | Date: |
|---|---|---|---|
| | | | |

## Agency Main Contact

| Full Name: | Title: | Email: | Phone: |
|---|---|---|---|
| Street Address 1: | Street Address 2 (Optional): | City: | Zip: |

## User Account Information

| First Name | Last Name | Email | Telephone | Username | User Roles | Status |
|---|---|---|---|---|---|---|
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# Instructions for Completing the TRIS Access Request Form

## Agency Information *(One form per Agency)*

**Agency Name:** Enter agency's official name.
**Agency Code:** Enter the agency's assigned numerical code.
**Multiple Agency Code:** Check Yes if your department uses more than one agency code. Check No if you use only one.
**FI$Cal Department:** Check Yes if your department currently uses FI$Cal. Check No if your department doesn't
use FI$Cal.
**Types of Transaction:** List of the types of transaction your department submits (FI$Cal department only).

## Department Approver Information *(SSM2/AA2 or higher)*

**Approver Name:** Enter the full name of the department approver.
**Title:** Enter the approver's job title.
**Signature:** The department approver must sign this section.
**Date:** Enter the date the form is signed.

## Agency Main Contact

**Full Name:** Enter the name of the main contact for your agency.
**Title:** Enter their job title.
**Email:** Provide their email address.
**Phone:** Provide a direct phone number.
**Street Address 1 & 2**: Enter the agency's mailing address.
**City:** Enter the city.
**Zip:** Enter the zip code.

## User Account Information *(Note: User accounts will be disabled after 30 days of inactivity)*

**First Name:** Enter the First name of the user requesting access.
**Last Name:** Enter the Last name of the user requesting access.
**Email:** Enter the user's work email.
**Telephone:** Enter the user's phone number.
**Username:** User's first initial and full last name, agency code, and "TR". Ex. **JDoe0840TR**
**User Roles:** List the roles the user needs access to in the system. Pick one of the following:

> **Staff** – Preparer of Transaction Request.
> **Staff Supervisor** – Preparer/Reviewer/Approver of Transaction Request.
> **Supervisor** – Approver of Transaction Request.

**Status:** Check A to Add, C to Change, or D to Delete a user.

## Submission Instructions

The form must be signed by the department approver.
Submit the completed form to SARD Tech Support – SARDTechSupport@sco.ca.gov.