

SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)

Privacy Act Statement

Public Law 99-474, the Counterfeit Access Device and Computer Fraud and Abuse Act of 1984, authorizes collection of this information. The information will be used to verify that you are an authorized user of a Government automated information system (AIS) and/or to verify your level of Government security clearance. Although disclosure of the information is voluntary, failure to provide the information may impede or prevent the processing of your "System Authorization Access Request (SAAR)". Disclosure of records of the information contained therein may be specifically disclosed outside the DoD according to the "Blanket Routing Uses" set for at the beginning of the DISA compilation of systems of records, published annually in the Federal Register, and the disclosure generally permitted under 5 U.S.C. 552a(b) of the Privacy Act.

TYPE OF REQUEST <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION <input type="checkbox"/> DELETION	DATE
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PART I (To be completed by user)

1. NAME (LAST, First, MI)		2. SOCIAL SECURITY NUMBER
3. ORGANIZATION	4. OFFICE SYMBOL/DEPARTMENT	5. ACCOUNT CODE N/A
6. JOB TITLE/FUNCTION	7. GRADE/RANK	8. PHONE (DSN)

STATEMENT OF ACCOUNTABILITY
 I understand my obligation to protect my password. I assume the responsibility for data and system I am granted access to. I will not exceed my authorized access.

USER SIGNATURE	DATE
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PART II (To be completed by User's Security Manager)

9. CLEARANCE LEVEL	10. TYPE OF INVESTIGATION	11. DATE OF INVESTIGATION
12. VERIFIED BY (Signature)	13. PHONE NUMBER	14. DATE

PART III (To be completed by User's Supervisor)

15. ACCESS REQUIRED (Location - i.e. DMC or DMC's)
MODERN DCPDS / CSU Regional Reporting Database located at Fort Eustis

16. ACCESS TO CLASSIFIED REQUIRED? ADMINISTRATOR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	17. Type of User <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> SYSTEM	<input type="checkbox"/> SECURITY <input type="checkbox"/> APPLICATION DEVELOPER <input type="checkbox"/> OTHER
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18. JUSTIFICATION FOR ACCESS

VERIFICATION OF NEED TO KNOW
 I certify that this user requires access as requested in the performance of his/her job function.

19. SIGNATURE OF SUPERVISOR	20. ORG/DEPT	21. PHONE NUMBER	22. DATE
23. SIGNATURE OF FUNCTIONAL DATA OWNER/OPR	24. ORG/DEPT CPAC	25. PHONE NUMBER (757) 878-2016	26. DATE

PART IV (To be completed by AIS Security Staff adding user)

27. USERID (Mainframe)	28. USERID (Mid-Tier)	29. USERID (Network)
30. SIGNATURE	31. PHONE NUMBER	32. DATE

**PART V (Can be customized by DISA or Customer with DISA approval (Optional)
(To be completed by User)**

33. ACCESS REQUESTED (Sit specific system or application information)

a. SYSTEM(S) and/or FSA

SYSTEM: Modern Defense Civilian Personnel Data System *OPEN FOR

b. SERVER(S)

HP N-class (Modern DCPDS); HP K-460 (CSU Regional Reporting Database); Metaframe Server - application access

c. APPLICATION(S)

Modern DCPDS ; CSU Regional Reporting Database

d. DirECTORIES

e. FILES

f. DATASETS

34. OPTIONAL USE

a. SELECT APPROPRIATE SYSTEM

- AMMES (DK) - SYS21
- SUPPLY (GV) - SYS21
- MASS (GW) - SYS21
- FOURTH ESTATE (DOD CIVILIANPERSONNEL) - SYS22
- ARMY CIVILIANPERSONNEL - SYS24/SYS27
- NAVY CIVILIANPERSONNEL - SYS25/SYS26

b. SELECT TYPE OF ACCESS REQUIRED (Check appropriate boxes)

- TIP
- DEMAND
- BATCH
- FTP

COMPLETE IF YOU ARE REQUESTING A MODIFICATION TO YOUR CURRENT USERID:

USERID: