

**DCPS SYSTEM AUTHORIZATION ACCESS REQUEST FOR NON-PAYROLL OFFICE USERS (Effective 1 May 2004)**

**PRIVACY ACT STATEMENT**

AUTHORITY: Executive Order 10450, 9397; and Public Law 99-474, the Computer Fraud and Abuse Act.  
 PRINCIPAL PURPOSE: To record names, signatures, and Social Security Numbers for the purpose of validating the trustworthiness of individuals requesting access to Department of Defense (DoD) systems and information. NOTE: Records may be maintained in both electronic and/or paper form.  
 ROUTINE USES: None.  
 DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay, or prevent further processing of this request.

**PART I** (To be completed by Requestor. **NOTE:** Upon completion, please submit to your servicing Payroll Office.)

1. NAME (Last, First, MI)		2. SOCIAL SECURITY NUMBER		3. JOB TITLE AND GRADE	
4. PHONE (DSN or Commercial)		5. OFFICIAL E-MAIL ADDRESS		6. PRINTER IDENTIFICATION	
7. TYPE OF REQUEST (Check one. Legend: *Also complete block 8; **Also provide DCPS User ID.)					
New user*		Change user**		Delete user**	
Add site**		Delete site**		DCPS User ID _____	
8. DCPS SECURITY AWARENESS COURSE COMPLETION CERTIFICATION (New users must complete before requesting access.)				9. CITIZENSHIP (Check one.)	
I have completed the DCPS Security Awareness Online Course. DATE _____				U.S. Foreign national	
10. HOME ACTIVITY CODE		11. SITE ACTIVITY CODE		12. SITE INDICATOR CODE	

13. DATABASE (Check one.)  
 CP1    OMA    ZFA    ZFR    ZGT    ZKA    ZKE    ZLO    ZPD    ZPE    ZPH    ZPV    Other \_\_\_\_\_

14. USER INDICATOR (Check one.)		AUTHORIZATION TYPE (Enter in Block 16.)		AUTHORIZATION NUMBER (Enter in Block 17.)	
E - Customer Service Rep (CSR) .....		M - CSR MER Clerk (non-SF50) .....		"All" or CSR Group	
		P - CSR Tables .....		Leave blank	
		V - CSR View .....		"All" or CSR Group	
B - Combined Duties Rep (CSR and T&A Clerk).....		M - CDR MER Clerk (non-SF50).....		"All" or CSR Group	
		P - CDR Tables .....		Leave blank	
		T - CDR T&A .....		"All" or T&A Group	
		V - CDR View .....		"All" or CSR Group	
P - Personnel (HRO) User .....		M - MER Update (non-SF50) .....		CSR Group or "All" within CSR Site	
		L - Leave Bank .....		CSR Group or "All" within CSR Site	
		V - View .....		CSR Group or "All" within CSR Site	
D - Remote Disbursing Officer (RDO) .....		D - RDO Report Printing .....		Leave blank	
T - Time and Attendance (T&A) Clerk .....		T - T&A .....		T&A Group or "All" within T&A Site	
C - T&A Certifier .....		C - T&A Site Certifier .....		Employing Activity Code	
V - Accounting Technician .....		J - Accounting .....		Leave blank	

15. ACT CODE*	16. AUTH TYPE	17. AUTH NUMBER	15. ACT CODE*	16. AUTH TYPE	17. AUTH NUMBER	15. ACT CODE*	16. AUTH TYPE	17. AUTH NUMBER

\*Action Codes: A = Add; C = Change; D = Delete (Use in Block 15.)

**USER AGREEMENT**

I accept the responsibility for the information and DoD system to which I am granted access and will not exceed my authorized level of system access. I understand that my access may be revoked or terminated for non-compliance with DISA/DoD security policies. I accept responsibility to safeguard the information contained in these systems from unauthorized or inadvertent modification, disclosure, destruction, and use. I understand and accept that my use of the system may be monitored as part of managing the system, protecting against unauthorized access and verifying security problems. I agree to notify the appropriate organization that issued my account when access is no longer required.

18. USER SIGNATURE		19. DATE	
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**PART II** (To be completed by designated officials. **NOTE:** If user is a contractor, complete Blocks 21a, 21b, and 21c.)

20. JUSTIFICATION FOR ACCESS

21. CONTRACTOR INFORMATION (Complete for contractor users only.)

a. CONTRACTOR COMPANY NAME	b. CONTRACT NUMBER	c. CONTRACT EXPIRATION DATE
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22. VERIFICATION OF NEED-TO-KNOW I certify that this user requires access as requested.	23. SUPERVISOR'S NAME (Print)	24. SUPERVISOR'S SIGNATURE/DATE
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25. VERIFICATION OF NAC/NACI OR WAIVER I certify that this user has an NAC/NACI or approved waiver on file.	26. SECURITY OFFICER'S NAME (Print)	27. SECURITY OFFICER'S SIGNATURE/DATE
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**PART III** (To be completed by authorized staff preparing account information.)

User ID Assigned	Actions Completed ACF2      Date _____ DCPS      Date _____	Notification Information Name: Date:	Authorizing Official's Signature/Date
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## INSTRUCTIONS FOR REQUESTING A NEW USER ID AND ACCESS RIGHTS

### PART I: (Requestor completion)

Blocks 1 through 3. Enter your last name, first name, and middle initial; social security number (SSN); and job title and rank (e.g., Pay Clerk, GS-5).  
Blocks 4 and 5. Enter your work telephone number, either a Defense Switching Network (DSN) number or commercial number with area code and your work e-mail address.

Block 6. Enter the identification number of the printer where requested or automatically generated DCPS reports will print.

Block 7. Place a checkmark in the box to the left of **New user**.

Block 8. Place a checkmark in the box to the left of the statement and enter the date you completed the course.

Block 9. Place a checkmark in the box to the left of your citizenship type.

Block 10. If Block 14 (User Indicator) is E, B, P, D, or T, enter the activity code of where you are employed; otherwise, enter six zeros (i.e., 000000).

Block 11. If Block 14 (User Indicator) is E, B, P, D, or T, enter the site activity code of the activity for which you will have access rights; otherwise, enter six zeros (i.e., 000000).

Block 12. If the site activity identified in Block 11 is divided into physical locations, enter the 2-position CSR or T&A site indicator code for which you will have access rights; otherwise, enter two zeros (i.e., 00).

Block 13. Place a checkmark in the box to the left of the database you will be accessing. If not listed, enter database designator in **Other** field.

**(NOTE: You must fill out a separate form for each database you will have access rights.)**

Block 14. Place a checkmark in the box to the left of your user indicator type. (NOTE: Refer to the AUTHORIZATION TYPE column for functions each user indicator type.)

Block 15. Enter A (for add) to add the authorization type and number for accounts you will access. (Repeat for each authorization type and number.)  
Block 16. Perform one of the following actions (all authorization types can view broadcast messages): (Repeat for each authorization type and number.)

- If Block 14 is E, enter one of the following authorization type codes:
  - M – Authorized to input non-SF50 employee data, input leave-related data, view CSR online inquiries, and print CSR reports and In Lieu of LESS.
  - P – Authorized to view CSR online inquiries and maintain local tables.
  - V – Authorized to view CSR online inquiries and print CSR reports.
- If Block 14 is B, enter one of the following authorization type codes:
  - M – Authorized to input non-SF50 employee data, input leave-related data, view CSR online inquiries, and CSR print reports and In Lieu of LESS.
  - P – Authorized to view CSR online inquiries and maintain local tables.
  - T – Authorized to view T&A and CSR online inquiries, input T&A-related data, and print T&A reports.
  - V – Authorized to view CSR online inquiries and print CSR reports.
- If Block 14 is P, enter one of the following authorization type codes:
  - M – Authorized to input SF50 employee data.
  - L – Authorized to input leave bank data.
  - V – Authorized to view online inquiries.
- If Block 14 is D, enter D (authorized to print remote disbursing office reports).
- If Block 14 is T, enter T (authorized to input T&A-related data, view T&A online inquiries, and print T&A reports).
- If Block 14 is C, enter C (authorized to certify T&A, input T&A-related data, view T&A online inquiries, and print T&A reports).
- If Block 14 is V, enter J (authorized to input activity-, organization-, and employee-level accounting classifications and view employee locator and accounting activity address).

Block 17. Refer to AUTHORIZATION NUMBER column for valid entries. (Repeat for each authorization type and number.)

Blocks 18 and 19. Sign and date the form.

### PART II: (Supervisor and Personnel Security Officer completion)

Block 20. Supervisor enters the reason why the requestor requires access.

Blocks 21a through 21c. For contractors only, supervisor enters the name of the company for whom the contractor works, the contract number, and the date the contract expires.

Blocks 22 through 24. Supervisor places checkmark in box to the left of the statement, prints name, and then signs and dates the form.

Blocks 25 through 27. Personnel Security Officer places checkmark in box to the left of the statement, prints name, and then signs and dates the form.

PART III: (The authorizing official completes Part III and contacts either the prospective user or their supervisor of the new user's ID and password.)

## INSTRUCTIONS FOR CHANGING AN EXISTING USER'S ACCESS RIGHTS

Blocks 1 and 2. Enter your last name, first name, middle initial, and social security number (SSN).

Block 7. Place a checkmark in the box to the left of **Change user** and enter your DCPS User ID.

Block 14. If changing your user type, place a checkmark in the box to the left of a user indicator type.

Blocks 15 through 17. Add, change, and delete as authorization types and numbers required (see Instructions for Requesting a New User ID for assistance with these blocks).

Blocks 18 and 19. Sign and date the form.

### PART II: (Supervisor completion)

Blocks 22 through 24. Place a checkmark in the box to the left of the statement, and then print, sign, and date the form.

## INSTRUCTIONS FOR DELETING AN EXISTING USER ID

Blocks 1 and 2. Enter your last name, first name, middle initial, and social security number (SSN).

Block 7. Place a checkmark in the box to the left of **Delete user** and enter your DCPS User ID.

Blocks 18 and 19. Sign and date the form.

### PART II: (Supervisor completion)

Blocks 22 through 24. Place a checkmark in the box to the left of the statement, and then print, sign, and date the form.

## INSTRUCTIONS FOR ADDING A SITE ACTIVITY

### PART I: (Requestor completion)

Blocks 1 and 2. Enter your last name, first name, middle initial, and social security number (SSN).

Block 7. Place a checkmark in the box to the left of **Add site** and enter your DCPS User ID.

Block 11. Enter the site activity code to be added.

Block 12. Enter the site indicator code to be added.

Blocks 18 and 19. Sign and date the form.

### PART II: (Supervisor completion)

Blocks 22 through 24. Place a checkmark in the box to the left of the statement, print your name, and then sign and date the form.

## INSTRUCTIONS FOR DELETING A SITE ACTIVITY

### PART I: (Requestor completion)

Blocks 1 and 2. Enter your last name, first name, middle initial, and social security number (SSN).

Block 7. Place a checkmark in the box to the left of **Delete site** and enter your DCPS User ID.

Block 11. Enter the site activity code to be deleted.

Blocks 18 and 19. Sign and date the form.

### PART II: (Supervisor completion)

Blocks 22 through 24. Place a checkmark in the box to the left of the statement, print your name, and then sign and date the form.