

U.S. DEPARTMENT OF HOMELAND SECURITY U. S. Coast Guard CG-7421G (Rev. May 2013)		DIRECT ACCESS WORK-LIFE MANAGEMENT SYSTEM USER ACCOUNT AUTHORIZATION	
1. User's Name (Last, First, MI.) (Please print or type)		2. Rank/Rate:	3. Employee ID #
4. Dept ID & Unit Name (Include Staff Symbol)		5. Area Code & Phone Number:	
6. e-Mail address:			
7. User Role Description: <input type="checkbox"/> Family Advocacy Specialist <input type="checkbox"/> Family Advocacy Program Manager <input type="checkbox"/> Special Needs Specialist <input type="checkbox"/> Special Needs Program Manager <input type="checkbox"/> Substance Abuse CDAR <input type="checkbox"/> Substance Abuse SAP <input type="checkbox"/> Substance Abuse Program Manager <input type="checkbox"/> Sexual Assault Specialist <input type="checkbox"/> Sexual Assault Program Manager <input type="checkbox"/> Critical Incident Stress Management Specialist (CISM) <input type="checkbox"/> CISM Program Manager <input type="checkbox"/> Employee Assistance Specialist <input type="checkbox"/> Employee Assistance Program Manager <input type="checkbox"/> Workplace Violence & Threatening Behavior Specialist <input type="checkbox"/> Workplace Violence & Threatening Behavior Program Manager <input type="checkbox"/> Victim Witness Specialist <input type="checkbox"/> Victim Witness Program Manager <input type="checkbox"/> _____ (Other Role, not listed above)		WIMS User Access Approval: Please see " How to complete and route the User Access Form (CG-7421G) " at http://www.uscg.mil/ppc/wims/ for the approval process and listing of authorized approvers Direct Access User Roles: Direct Access user roles and access are administered separately. Please complete form CG-7421B for changes/additions to Direct Access user roles. Revocation: Direct Access Roles are automatically terminated upon PCS, separation, retirement, reassignment of duties (Fleet-Ups) and change of organization (inter-office transfer). Users who have been reassigned (PCS, Change of Department IDs) will retain Self-Service access. The user role termination process is kicked off by submission of a PCS departing endorsement. If the member submits a new access form, and it is processed by PPC before the SPO submits the PCS departing endorsement, the system will terminate the new access. Please be sure to submit transactions in a timely manner. If Revocation is due to reasons other than those listed above contact PPC Customer Care via on-line trouble-ticket at http://www.uscg.mil/ppc/ccb/ or http://cgweb.ppc.uscg.mil/ccb/ or via email at PPC-DG-CustomerCare@uscg.mil	
8. Authorizing Official (Signature & Typed or printed name, Rank, Title (HSWL Product-Line Manager (PLM) (Field Office Supervisor)) & Phone Number): I certify that the access I have authorized is based on an official need. I'm aware of the general functionality I have authorized and I'm aware of what this will allow this member to complete. If this is for a contractor, the Contracting Officer's Technical Representative (COTR) signs as AO.			
Signature AND PRINTED or TYPED Name,		Rank,	Title,
8a. Area Code & Phone (ext):		9. Date:	
10. Approving Official (Signature & Typed or printed name, Rank, Title (Headquarters Program Manager, Work-life Division Chief): I certify that the access I have authorized is based on an official need. I'm aware of the general functionality I have authorized and I'm aware of what this will allow this member to complete. If this is for a contractor, the Contracting Officer's Technical Representative (COTR) signs as AO.			
Signature AND PRINTED or TYPED Name,		Rank,	Title,
10a. Area Code & Phone (ext):		11. Date:	
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 other identifiers for the purpose of identifying individuals requesting access to U. S. Coast Guard (USCG) 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.	
Acknowledgment: I understand that I am authorized to access the Direct Access system and that accessing it for purposes beyond the Scope of Authorization is a violation of Federal law (18 U.S.C. 1030 et al) (Note: Refer to the Automated Information Systems (AIS) User Acknowledgement Form (CG-5500A), which is required for all U.S. Coast Guard AIS users, it contains the full Scope of Authorization and Acknowledgement.)			
12. User's Signature:		13. Date:	
		Fax to: (785) 339-2297 (fax only page 1, do not fax instructions)	

Please “ How to complete and route the User Access Form (CG-7421G) ” at http://www.uscg.mil/ppc/wims/ for additional/updated information.																					
Block	Instructions																				
1	Enter the user’s last name, first name and middle initial.																				
2	Enter the user’s Rank (e.g. “CAPT”) or Rate (e. g. “YN1”) or GS paygrade (e. g. “GS7”)																				
3	<p>Enter the user’s employee number. The employee ID number can be found on the unit roster. Any member of the command that already has access to Direct-Access can access the unit roster and locate the employee’s employee ID number. Follow these steps to access the unit roster:</p> <ul style="list-style-type: none"> • Select the following links on the Portal home page: Self Service for Commands > Use > Command Information • The department lookup page will display. The relationship type field will show "Own unit only" and the department field will show your sub-department ID number. Enter the department ID number for the unit in the department field. • Click the Search button to continue. • When the Airport Terminal displays click on the CG Dept Run tab. • Choose “Civilian” from the drop-down menu in the Source field. • Click the Execute button. The roster section will fill in with the information. Only the first five rows will be displayed. Click the View All link to see the remaining rows. The Employee ID number is shown in the second column. 																				
4	Enter the name of the unit the user is assigned, include the staff symbol if applicable.																				
5	Enter the user’s business phone number, including the area code																				
6	Enter the user’s business e-mail address.																				
7	Choose the appropriate user role from the list provided.																				
	<table border="1"> <thead> <tr> <th>Role</th> <th>Requires Approval by:</th> </tr> </thead> <tbody> <tr><td>1. Family Advocacy Specialist</td><td rowspan="17">Please see “How to complete and route the User Access Form (CG-7421G)” at http://www.uscg.mil/ppc/wims/ for additional/updated information</td></tr> <tr><td>2. Special Needs Specialist</td></tr> <tr><td>3. Family Advocacy PM</td></tr> <tr><td>4. Special Needs PM</td></tr> <tr><td>5. Substance Abuse CDAR</td></tr> <tr><td>6. Substance Abuse SAP</td></tr> <tr><td>7. Substance Abuse PM</td></tr> <tr><td>8. Sexual Assault Specialist</td></tr> <tr><td>9. Sexual Assault PM</td></tr> <tr><td>10. Critical Incident Stress Management Specialist (CISM)</td></tr> <tr><td>11. CISM PM</td></tr> <tr><td>12. Employee Assistance Specialist</td></tr> <tr><td>13. Employee Assistance PM</td></tr> <tr><td>14. Workplace Violence & Threatening Behavior Specialist</td></tr> <tr><td>15. Workplace Violence & Threatening Behavior PM</td></tr> <tr><td>16. Victim Witness Specialist</td></tr> <tr><td>17. Victim Witness PM</td></tr> </tbody> </table>	Role	Requires Approval by:	1. Family Advocacy Specialist	Please see “ How to complete and route the User Access Form (CG-7421G) ” at http://www.uscg.mil/ppc/wims/ for additional/updated information	2. Special Needs Specialist	3. Family Advocacy PM	4. Special Needs PM	5. Substance Abuse CDAR	6. Substance Abuse SAP	7. Substance Abuse PM	8. Sexual Assault Specialist	9. Sexual Assault PM	10. Critical Incident Stress Management Specialist (CISM)	11. CISM PM	12. Employee Assistance Specialist	13. Employee Assistance PM	14. Workplace Violence & Threatening Behavior Specialist	15. Workplace Violence & Threatening Behavior PM	16. Victim Witness Specialist	17. Victim Witness PM
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8	The HSWL Regional Manager (RM) (Field Office Supervisor) will complete block 8.																				
9	Enter the date the form was signed by the authorizing official																				
10	Enter the Name, Rank, Title and Phone number of the approving official. (See “Requires Approval by” above)																				
11	Enter the date the form was signed by the authorizing official																				
12	User signs here.																				
13	Enter the date the form was signed by the user.																				