

FWS HR Systems Access Request Form

ACTION REQUESTED (select one) Establish User Account Change User Access Termination

Type of Employee (select one): Permanent Employee Temporary Employee Contractor

Access Duration (select one): Permanent Temporary Access *** Revalidation

Name Last Four digits of SSN** FPPS User ID (if current user) Work Phone Number

Position Title Grade Dept/Bureau/Office Organization Code Work E-mail Address

ACCESS REQUESTED (Check all systems requesting access to):

FPPS

USER TYPE (choose one): Supv/Mgr Admin/Analyst/Secretarial Support Servicing Personnel Office Security Admin Budget Other***

AUTHORITY REQUESTED (choose all that apply): Initiator Requestor (supv/mgr) Concurrer (supv/mgr) Authorizer (supv/mgr) Viewer EEO

QUICKTIME: Timekeeper Certifier Administrator Password Administrator

eOPF: (HR only) HR Rep Security Admin Purge Transfer POID _____

For Org Code(s)/Range (must be completed for all FPPS and Quicktime requests): _____

*****Justification for access requested:** If the access being requested is for a person who is not a permanent supervisor/manager, an administrative/program/secretarial support employee/contractor, nor a Servicing Personnel Office, Security Administrator nor Budget review employee/contractor, for the organization code(s) for which access is requested, enter a narrative justification for why the access is needed, e.g. "Acting" assignment, temporary promotion or detail, responsibility to view or run reports, etc., and how long the access will be needed:

I, the undersigned, understand that use of the National Business Center (NBC) Computer Systems and/or Automated Information Resources or access to any information therein, shall be limited to official Government business directly related to my assigned duties. Further, I understand that any use of the aforementioned systems of information that is not official Government business may result in disciplinary action consistent with the nature and scope of such activity. Activity that is considered "not official Government business" includes, but is not limited to, viewing records that are not connected with my official duties and/or accessing/viewing my own employee record without prior authorization or justification from my management chain. I have completed the DOI Federal Information Systems Security Awareness Training and have been provided with and have read the "Rules of Behavior for National Business Center Users of Information Technology Resources"; I understand these Rules of Behavior and agree to comply with these Rules. I will report any violation of these rules to my supervisor.

Requesting Supervisor/Manager Signature Date Employee/Contractor Signature Date

Signature of Servicing HR Specialist Date Approved Disapproved Comment: _____

For Administrator Use Only: Date: DSAF Submitted: _____ FPPS User ID: _____ TSEC: _____

USER: _____ RPTHS (WRI, RO, APPS/SEPS): _____ Email Notifications to User and Supv: _____

Metric Log: _____ Signature of SPOC Completing Action and Date Completed: _____

Copy of Request form to eOPF System Administrator: Yes / Not applicable

Signature of eOPF Administrator Completing Action and Date Completed: _____

**** Privacy Act Statement:** Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which requires agencies to use the SSN as the means for identifying individuals in personnel information systems. Your SSN will only be used to establish your access to the HR System requested. Furnishing your SSN is voluntary and failure to do so will have no effect on you. However, where individuals decline to furnish their SSN, the SSN will be obtained from other records in order to process the request for access.