

CORPORATE SYSTEMS ACCESS REQUEST FORM

- 1. SYSTEM/APPLICATION NAME**
Check one or more and complete the applicable section(s)
- ☐ Automated Cash Reconciliation Worksheet System
 - ☐ Corporate Property Automated Information System
 - ☐ Financial Data Warehouse
 - ☐ Foundation Financial Information System
 - ☐ GovTrip.com
 - ☐ Integrated Acquisition System
 - ☐ Management Initiatives Tracking System
 - ☐
 - ☐
 - ☐

USER INFORMATION (See Privacy Act Statement)

3. USER'S SSN (See Instructions) XXXXXXXXXXXX		4. USER'S NAME (Last, first, middle initial)		5. USER'S TITLE OR CONTRACTOR*	
6. USER'S MAILING ADDRESS WITH ZIP CODE				7. AGENCY	8. OFFICE
9. USER'S E-MAIL ADDRESS			10. USER'S PHONE NUMBER () - -		11. MANAGER'S PHONE NUMBER () - -

*See special instructions

ACTION REQUESTED

NAME CHANGE		12. OLD NAME (Last, first, middle initial)	13. NEW NAME (Last, first, middle initial)
ACCESS	14. (Check all that apply):		15. USER ID(S) (Include NFC, FFIS, E-Auth User ID, if applicable)
	☐ Add User		
	☐ Delete User		
	☐ Modify User Profile		
☐ Agency Cross-Service Access			

SPECIAL INSTRUCTIONS

36. SPECIAL INSTRUCTIONS

Protracts	Fund Manager	Toolkit/Conservation Desktop	Toolkit/Conservation Desktop
☐ Planner	☐ FM Affiliate	☐ Toolkit User Basic All	☐ CD Program Support (FA)
☐ Farm Bill Specialist	☐ FM State	☐ Planning Support (TA)	☐ CD Payment Approver (FA)
☐ Designated Conservationist	☐ FM Obligation Approval	☐ Certified Planner (TA)	☐ CD Designated Conservationist (FA)
☐ Contract Support	☐ FFIS User	☐ HELC Agency Expert	☐ CD Contract Support (FA)
☐ Approving Official	☐ Vendor Coordinator	☐ WC Agency Expert	☐ CD Obligating Official (FA)
☐ State Programs		☐ CD State Program User	☐ CD FA State Business Tools Coordinator (FA)
		☐ CD State Program Manager	
		☐ Data Configuration Administrator	

☐ Other Role Requested:

Counties: _____

Offices: _____

End Date (Date temporary assignments expires): _____

Instructions: _____

USER ACKNOWLEDGEMENT

I have read the automated information systems security rules and understand the security requirements of the automated information systems and/or applications described on this form. I understand that any violation of these rules may result in disciplinary action, removal from the agency/USDA, and/or criminal prosecution.

37. USER'S SIGNATURE	38. DATE
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BACKGROUND INVESTIGATION**39.**☐ Initiated
☐ Completed**40.** DATE (*Initiated or completed*)**41.** PRINT MANAGER'S NAME**AUTHORIZATION**

User's Manager – *I certify this user has received security instructions for the systems and/or applications indicated, and I approve his/her access to these systems and/or applications and the associated user profiles.*

42. MANAGER'S SIGNATURE**43.** DATE**ACTION TAKEN****44.** SECURITY ADMINISTRATOR**45.** DATE**46.** SECURITY ADMINISTRATOR NOTES**PRIVACY ACT NOTICE**

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of your Social Security Number is authorized by Executive Order 9397 of November 22, 1943 and 5 U.S.C. 301. The primary purpose of requesting the Social Security Number (SSN) is to properly identify the employee. Many employees have similar names and the furnishing of the SSN will enable USDA to identify authorized users of USDA's computer systems. The information will be used by offices and employees who have a need for the information in the performance of their official duties. The information will not be disclosed outside USDA. Disclosure of your SSN and other information is mandatory. Failure to provide the requested information will result in the denial of the requested computer access authority.

Notes: