

## USER ACCOUNT REQUEST

<b>TYPE OF REQUEST:</b>	<input type="checkbox"/> Add	<input type="checkbox"/> Modify	<input type="checkbox"/> Name Change <input type="checkbox"/> Other (explain)	<input type="checkbox"/> Delete/End Date Reason:
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**Section 1. This section to be completed by Requester**

Full Name (Last, First, MI) <i>No Nicknames, Please. Include Military Title if applicable.</i>		Check the applicable status: <input type="checkbox"/> Civilian Employee <input type="checkbox"/> Gov't Contractor <input type="checkbox"/> Military <input type="checkbox"/> Other	
SSN:	DOB: (DD-MMM-YYYY)	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Position Title:
Activity Name:		Organization Code:	
Location/Building Number:		UIC:	
Mailing Address:		Phone (Including Area Code):	DSN:
		Fax:	
Email Address:			
Path to editor:		Path to Ghostview:	IP Address to be broadcast:

I assume the responsibility for the data and system to which I am granted access. I will not exceed my authorized access. I understand my obligation to protect my personal password to the Modern DCPDS.  
(Requestor's Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

I certify this user requires access as requested in the performance of his/her job function.  
(Activity Representative/Appointing Officer Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

**Section 2. This section to be completed by Requestor's Security Manager: (\*\*\*\*Must be completed before ANY type of access will be permitted.\*\*\*\*)**

Type of Investigation: <input type="checkbox"/> NACI <input type="checkbox"/> ENTNAC <input type="checkbox"/> OTHER	Date of Investigation:	Verified by: (Print First, Middle, Last)	Verified by: (Signature)
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**Section 3. To be completed by Manager/HRO**

**MODERN DCPDS ACCESS:** (Please check all the following options that apply to this user)

<input type="checkbox"/> IT Support	<input type="checkbox"/> Initiates RPAs	<input type="checkbox"/> Is a Classifier/Has Classification Authority
<input type="checkbox"/> Personnelist at HRO	<input type="checkbox"/> Signs RPA as Requesting Official	<input type="checkbox"/> Writes Position/Job Descriptions
<input type="checkbox"/> Manager/Supervisor	<input type="checkbox"/> Signs RPA as Authorizing Official	<input type="checkbox"/> CSU (Employee Information)
<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Reviews RPAs only (Fiscal)	

<input type="checkbox"/> CIVDOD OTA:	<input type="checkbox"/> Training Coordinator	<input type="checkbox"/> Manager/Supervisor	<input type="checkbox"/> Organization Training Monitor
	<input type="checkbox"/> Fiscal Coordinator	<input type="checkbox"/> Personnelist	<input type="checkbox"/> Training Administrator

Modern DCPDS Inbox Requirements	<input type="checkbox"/> User WILL NOT share an inbox	<input type="checkbox"/> User will belong to the following Group Boxes:			
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**DATAMART & WEB COGNOS ACCESS:** (Please check all the following options that apply to this user)

DataMart Access:  Web Cognos Access  SF50 Print Only

Level Of Access:  Major Claimant  HRO  Manager

User Type:  Viewer of Reports  Creator of Reports

**User requires access to the following personnel records:**

All Records serviced by the HRO

Limited Access - User should view records with the following limitations (access should be limited to the following UICs/ORGs, Example: 69207/ALL, 00242/20%)

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I certify this user requires access as requested in the performance of his/her job function.  
(HRO Representative) \_\_\_\_\_ (Date) \_\_\_\_\_ HRO Designator

**Section 4. For HRSC use only**

USER ID:	Secure User ID: (If applicable)	RPA Number:
Responsibilities:		
Group Boxes:		
<input type="checkbox"/> Dial-In Account Required		

**Additional Information:**

**USER ACCOUNT REQUEST**

<b>TYPE OF REQUEST:</b> <input type="checkbox"/> <b>Add</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">                 Only use ADD if this is for a Person going into a position that you have never established a Modern User account for. Do not use it for employees that are replacing another employee.             </div>	<input type="checkbox"/> <b>Modify</b> <input type="checkbox"/> <b>Name Change</b> <input type="checkbox"/> <b>Other</b> (explain) <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">                 Use MODIFY when someone leaves a position and you are replacing them with another person. Also use MODIFY if you need to change the DCPDS Access or Record Access for a particular account. Include the Account ID.             </div>	<input type="checkbox"/> <b>Delete/End Date</b> <b>Reason:</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">                 Use DELETE/END DATE for an account a person is leaving and not being replaced or when the account is no longer required. NOTE – Ensure the Inbox for this account is Empty, because once an account is End Dated/Deleted users will not be able to access RPA's that are left in the Inbox.             </div>
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**Section 1. This section to be completed by Requester**

<b>Full Name (Last, First, MI)</b> <i>No Nicknames, Please. Include Military Title if applicable.</i> <b>Long, Theresa A</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">                 Must be full name, especially for Contractors, Military and others that we must build in the Modern system before we can build their account.             </div>	<b>Check the applicable status:</b> <input checked="" type="checkbox"/> <b>Civilian Employee</b> <input type="checkbox"/> <b>Gov't Contractor</b> <input type="checkbox"/> <b>Military</b> <input type="checkbox"/> <b>Other</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">                 What type of employee is this person?             </div>
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<b>SSN:</b> <b>123-45-6789</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">                 This information is required, to verify that we select the correct person from the database. Also is used to build Contractors and Military personnel into the Modern System.             </div>	<b>DOB: (DD-MMM-YYYY)</b> <b>01-JAN-2002</b>	<b>Gender:</b> <input type="checkbox"/> M <input checked="" type="checkbox"/> F	<b>Position Title: HR Specialist</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">                 Position title as it will appear in Modern and on the SF50 for subject employee.             </div>
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<b>Activity Name: HRSC EAST</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">                 Short title for the activity that subject employee is attached to.             </div>	<b>Organization Code: Code 20</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">                 Organization/Department/Division code for subject employee as it appears in Modern. This is not always the same as what the activity may use as a description for this organization.             </div>
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<b>Location/Building Number: Bldg 491, Norfolk Naval Shipyard</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">                 Exact building location for subject employee. Used if the employee encounters problems that require a physical visit to look at the workstation.             </div>	<b>UIC: 69199</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">                 Unit Identification Code for the Activity that subject Employee is assigned to             </div>
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<b>Mailing Address: DIRECTOR, HUMAN RESOURCES SERVICE CENTER EAST, NORFOLK NAVAL SHIPYARD BUILDING 17, PORTSMOUTH VA 23709-5000</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">                 Activities correct Mailing address.             </div>	<b>Phone (Including Area Code):</b> <b>757-123-4567</b>	<b>DSN:</b> <b>987-4567</b>	<b>Fax: 757-123-4987</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">                 Employee's correct phone number and fax number, used in case there are questions regarding this form             </div>
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<b>Email Address:</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">                 Correct email address for this user. This is how their account information is sent to them.             </div>	<b>theresa.long@email.com</b>
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<b>Path to editor:</b> <b>c:\progra~1\micros~1\office\winword.exe \$\$FILE\$\$</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">                 Correct location of WINWORD.EXE, on this employee's computer, which is used for viewing reports created within the Modern System             </div>	<b>Path to Ghostview:</b> <b>C:\gstools\gsview\gsview32.exe \$\$FILE\$\$</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">                 Correct location for GhostView, on this employee's computer, which is used for viewing RPA/NPA's and reports created within the Modern System             </div>	<b>IP Address to be broadcast: 123.456.789.20</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">                 IP address for this user's computer.             </div>
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I assume the responsibility for the data and system to which I am granted access. I will not exceed my authorized access. I understand my obligation to protect my personal password to the Modern DCPDS.

*(Requestor's Signature)* Employee must sign this form unless it is a DELETE/END DATE request. This is because the information they will be viewing within the Modern System is Privacy Act Protected and this is verification that this employee will protect this information as appropriate.

I certify this user requires access as requested in the performance of his/her job function.

*(Activity Representative/Appointing Officer Signature)* Signature of Supervisor/Authorized activity representative, within the activity, giving this user approval to access the system. *(Date)*

**Section 2. This section to be completed by Requestor's Security Manager: (\*\*\*\*Must be completed before ANY type of access will be permitted.\*\*\*\*)**

<b>Type of Investigation:</b> <input checked="" type="checkbox"/> <b>NACI</b> <input type="checkbox"/> <b>ENTNAC</b> <input type="checkbox"/> <b>OTHER</b>	<b>Date of Investigation:</b> 1/5/88	<b>Verified by: (Print First, Middle, Last)</b> Jane B. Security	<b>Verified by: (Signature)</b>
<b>This area MUST be completed by the Activity Security Officer AND MUST be completed in its entirety</b>			

**Section 3. To be completed by Manager/HRO**

**MODERN DCPDS ACCESS:** *(Please check all the following options that apply to this user)*

Mark all options that apply for this User. You will need one block in the first column marked and at least one block in either column two or one block in column three.

<input type="checkbox"/> IT Support	<input checked="" type="checkbox"/> Initiates RPAs	<input type="checkbox"/> Is a Classifier/Has Classification Authority
<input type="checkbox"/> Personnelist at HRO	<input checked="" type="checkbox"/> Signs RPA as Requesting Official	<input type="checkbox"/> Writes Position/Job Descriptions
<input type="checkbox"/> Manager/Supervisor	<input type="checkbox"/> Signs RPA as Authorizing Official	<input type="checkbox"/> CSU (Employee Information)
<input checked="" type="checkbox"/> Administrative Support	<input type="checkbox"/> Reviews RPAs only (Fiscal)	<input type="checkbox"/> Are you authorized final signature authority positions for your activity? If YES, check this box.

Do you Create Requests for Personnel Actions for employees? If YES, Check this box.

Are you authorized to sign as a Requestor for these employees? If YES, Check this box.

Do you write PD's for your employees? If YES, check this block

Are you the Authorizing Official, on Request for Personnel actions, for these employees? If YES, Check this box.

Do you need to view information on your employees; i.e. Leave information, Basic Employee information and Position Information? If YES check this box

If you are not authorized to sign the Request for Personnel actions for any employees, but need to view them before they are submitted to HRSC East, then check this box.

<input type="checkbox"/> CIVDOD OTA:	<input type="checkbox"/> Training Coordinator	<input type="checkbox"/> Manager/Supervisor	<input type="checkbox"/> Organization Training Monitor
	<input type="checkbox"/> Fiscal Coordinator	<input type="checkbox"/> Personnelist	<input type="checkbox"/> Training Administrator

This is the replacement for TRAIN.

<b>Modern DCPDS Inbox Requirements</b>	<input type="checkbox"/> User WILL NOT share an inbox	<input type="checkbox"/> User will belong to the following Group Boxes:				
<p>Will this person be sharing an inbox with anyone within the activity? Identify the name of the person/persons and if there is a Group Box already established, please identify that also.</p>						

**DATAMART & WEB COGNOS ACCESS:** *(Please check all the following options that apply to this user)*

DataMart Access:	<input type="checkbox"/> Web Cognos Access	<input type="checkbox"/> SF50 Print Only	This Section is only being used for WebCognos, SF50 Print Access at this time. If you are the person at your activity who normally receives the Employee copy of the SF50, then you will need this access to get those Employee SF50's. Then you would mark the block for SF50 PRINT ONLY.
Level Of Access:	<input type="checkbox"/> Major Claimant	<input type="checkbox"/> HRO <input type="checkbox"/> Manager	
User Type:	<input type="checkbox"/> Viewer of Reports	<input type="checkbox"/> Creator of Reports	

**User requires access to the following personnel records:**

All Records serviced by the HRO

Personnelist at an HRO – Please list the CPO ID for your HRO

Limited Access - User should view records with the following limitations (access should be limited to the following UICs/ORGs, Example: 69207/ALL, 00242/20%)

User or Supervisor MUST complete this area. This relates to the employees that the user will be viewing/creating actions for via the Modern DCPDS System. Give ALL UIC and Ora Codes. Look for commonality with the Ora Code. i.e.. first character. or first two or three characters.

12345/All	45678/5%				
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I certify this user requires access as requested in the performance of his/her job function.

(HRO Representative)	Authorized HRO representative signature. This is not a required signature, please check with your HRO for further verification of this signature.	HRO Designator
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**Section 4. For HRSC use only**

**DO NOT COMPLETE ANYTHING WITHIN THIS SECTION – HRSC EAST USE ONLY**

<b>USER ID:</b>	<b>Secure User ID: (If applicable)</b>	<b>RPA Number:</b>
Responsibilities:		
Group Boxes:		
<input type="checkbox"/> Dial-In Account Required		

**Additional Information:**