

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
 - ProTracts
2. FFIS APPLICATION NUMBER(S) (If Applicable)

USER INFORMATION (See Privacy Act Statement)

3. USER'S SSN (See Instructions)	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)
	<input type="checkbox"/> Add User <input type="checkbox"/> Delete User <input checked="" type="checkbox"/> Modify User Profile <input type="checkbox"/> Agency Cross-Service Access	

AUTOMATED CASH RECONCILIATION WORKSHEET SYSTEM (ACRWS) ACCESS

16. USER'S ACRWS 52 Roles/Access
(Check all that apply)

		Approver	Auditor	Browse	Import	ImportMGR
12060000	FSA	<input type="checkbox"/>				
12250001	AMS	<input type="checkbox"/>				
12370001	FSIS	<input type="checkbox"/>				
12400002	DASO	<input type="checkbox"/>				
12400300	ARS	<input type="checkbox"/>				
12400303	OSEC	<input type="checkbox"/>				
12400401	OES	<input type="checkbox"/>				
12400402	OCE	<input type="checkbox"/>				
12400403	NAD	<input type="checkbox"/>				
12400404	OBPA	<input type="checkbox"/>				
12400405	HS	<input type="checkbox"/>				
12400406	OCFO	<input type="checkbox"/>				
12400407	OCIO	<input type="checkbox"/>				
12400505	DA	<input type="checkbox"/>				
12400606	OC	<input type="checkbox"/>				
12400700	RD	<input type="checkbox"/>				
12400707	OASCR	<input type="checkbox"/>				
12400800	RMA	<input type="checkbox"/>				
12401000	FAS	<input type="checkbox"/>				
12401010	OGC	<input type="checkbox"/>				
12401100	FS	<input type="checkbox"/>				
12401240	USDA	<input type="checkbox"/>				
12401600	NRCS	<input type="checkbox"/>				
12401800	ERS	<input type="checkbox"/>				
12402000	NASS	<input type="checkbox"/>				
12402200	CSREES	<input type="checkbox"/>				
12402300	OIG	<input type="checkbox"/>				
12403000	FNS	<input type="checkbox"/>				
12403400	APHIS	<input type="checkbox"/>				
12403600	GIPSA	<input type="checkbox"/>				
12407878	OAO	<input type="checkbox"/>				

ACRWS 52 BRIO/Hyperion

17. USER'S ACRWS 53 Roles/Access
(Check all that apply)

- Browse
- Auditor
- Approver
- Import Manager
- Import
- Match Admin
- ACRWS 53 BRIO/Hyperion

CORPORATE PROPERTY AUTOMATED INFORMATION SYSTEM (CPAIS) ACCESS

19. USER'S CPAIS ROLE

UMA ROLES

- UMA Manager Real
- UMA User Real
(Specify add and/or modify role(s))

RPA ROLES

- RPA Stream Manager
- RPA Disposal Manager
- RPA Local Manager

RPM ROLES

- RPM Lease Manager
- RPM Property Manager
- RPM Work Item Manager
- RPM Occupancy Manager
- RPM Colocation Manager

GENERAL ROLES

- Contact Manager
- CPAIS Read Only
- FRPP Administrative Manager
- RP Security Officer

SUPER USER ROLES

- CPAIS Administrative Manager
- CPAIS Headquarters Manager

21. SIGNATURE OF UMA Manager for all Users. (Sign and date)

FINANCIAL DATA WAREHOUSE (FDW) ACCESS

25. USER'S SECURITY GROUP

- Payroll Security
- Non-Payroll

26. USER'S SECURITY ACCESS

- Analyze and Process (Quick view)
- Query and Analyze (Insight)
- Data model and Analyze (Explorer)

INTEGRATED ACQUISITION SYSTEM (IAS) ACCESS

28. USER'S IAS ROLE (Check all that apply) <input type="checkbox"/> Requisitioner <input type="checkbox"/> Requisition Approver <input type="checkbox"/> Budget Approver <input type="checkbox"/> Commitment Error Manager <input type="checkbox"/> Purchasing Specialist/Contracting Officer <input type="checkbox"/> Supervisory Contracting Officer <input type="checkbox"/> Obligation Error Manager	<input type="checkbox"/> Receiver <input type="checkbox"/> Invoice Entry Clerk <input type="checkbox"/> Payment Approving Officer <input type="checkbox"/> Payment Approving Error Manager <input type="checkbox"/> Interface Manager <input type="checkbox"/> Payment Status Reviewer <input type="checkbox"/> Other _____	29. REQUISITION APPROVAL AMOUNT _____
		30. ACQUISITION WARRANT AMOUNT _____
		31. CROSS AGENCY SERVICE TO (If Applicable) _____

MANAGEMENT INITIATIVES TRACKING SYSTEM (MITS) ACCESS

32. PMA ROLES (Check one) <input type="checkbox"/> Agency User <input type="checkbox"/> Approving Official <input type="checkbox"/> Initiative Owner <input type="checkbox"/> Executive Officer <input type="checkbox"/> PMA Coordinator PMA Initiative(s): _____ _____ Agency(s): _____	PART ROLES (Check one) <input type="checkbox"/> Agency User <input type="checkbox"/> Approving Official <input type="checkbox"/> Mission Area Coordinator <input type="checkbox"/> Executive Officer <input type="checkbox"/> OBPA Officer PART Program(s): _____ (Optional) _____ Agency(s): _____ Mission Area(s): _____ (Required for Mission Area Coordinator only)	BUDGET ROLES (Check one) <input type="checkbox"/> Agency User <input type="checkbox"/> Approving Official <input type="checkbox"/> Executive Officer <input type="checkbox"/> OBPA Coordinator Agency(s): _____
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MANAGEMENT INITIATIVES TRACKING SYSTEM (MITS) ACCESS

AUDIT TRACKING (Check one) <input type="checkbox"/> Agency User <input type="checkbox"/> Executive Officer and OIG Auditors <input type="checkbox"/> Audit Follow-up Coordinator Agency(s): _____ Mission Area(s): _____	SUSTAINABILITY SCORECARD ROLES (Check one) <input type="checkbox"/> Agency User <input type="checkbox"/> Approving Official <input type="checkbox"/> Initiative Owner <input type="checkbox"/> Executive Officer <input type="checkbox"/> SSM Coordinator SSM Initiative(s): _____ _____ Agency(s) : _____	
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GOVTRIP.COM

33. GovTrip.com Role <input type="checkbox"/> Traveler <input type="checkbox"/> Travel Arranger <input type="checkbox"/> Approver <input type="checkbox"/> Agency FATA	34. GovTrip TRAINING RECEIVED? (If yes, enter date completed) <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	35. GovTrip Agency APPROVER (Sign and date when action has been completed) Approver: _____ Date: _____
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SPECIAL INSTRUCTIONS

36. **SPECIAL INSTRUCTIONS**
Change user role for _____ to serve as Acting DC in ProTracts
from _____ to _____ for the _____ Field Office.

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**

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.

CORPORATE SYSTEMS ACCESS REQUEST FORM RULES OF BEHAVIOR

In compliance with Federal Regulations and Departmental Policy, all users complete an Annual Computer Security and Awareness and Rules of Behavior Training in AgLearn.

Additional Comments: