

U.S. Department of Agriculture - Food, Nutrition and Consumer Services

User Access Request Form

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0532. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

User Information

Form sections 1 through 21 containing fields for: Last Name, First Name, Middle Name, 2. Title, 3. Date of Request, 4. Email, 5. USDA E-Auth ID, 6. Type of User, 7. Telephone, 8. Contract Expiration Date, 9. Temporary Employee Expiration Date, 10. Company, 11. Division, 12. Department, 13. Office, Street Address, Suite #, City, State, ZIP Code, 14. System Name, 15. Type of Access, 16. Form, 17. Action Requested, 18. State/Locality Codes, 19. Login ID, 20. Enter SSN for new NFC access Only, 21. Enter Home ZIP Code for JP Morgan access Only.

22. Comments, Special Instructions and/or Justification (if "Other" is selected in fields 6, 13, or 14). (attach separate sheet if more space is needed)

Privacy Act Statement

The privacy act is stated for individuals requesting access to the National Finance Center (NFC). The authority in collecting this information is 5 U.S.C. 301. The use of the requesting person's Social Security Number (SSN) is for identification purposes only. Existing NFC users requesting modification or termination of access to the NFC are not required to provide their SSN.

23. User Acknowledgement (Users requesting system access must read, sign and date prior to submitting this form)
List of bullet points regarding acknowledgment of Privacy Act Statement and FNCS Rules of Behavior.
Fields for: User Signature, Print Name, Date.

Approvals

24. a. Supervisor, b. System - Authorizing Officials, c. Information Security Office, d. State Computer Security Officer (if applicable)
Fields for: Print Name, Phone Number, Date, Signature, Approve, Deny.

To be Completed by IT Customer Support

25. Has the Security and Privacy Training been completed? YES NO
26. Date Received
27. Person Receiving Request
28. Date Completed

Form Instructions

1. **LAST, FIRST, MIDDLE NAME** - Enter the last name, first name and middle name (*if applicable*) of the person requesting FNCS computer system access. If middle name does not exist, enter n/a.
2. **TITLE** - Enter current Title.
3. **DATE OF REQUEST** - Select from the calendar, the date you are requesting access to an FNCS system.
4. **EMAIL** - Enter the FNCS email address, if known.
5. **USDA E-AUTH ID** - Enter your official e-Authentication ID, (existing users).

To obtain an e-Auth ID go to <http://www.eauth.egov.usda.gov/index.html> and click on "Create an Account"
6. **TYPE OF USER** - Select your user type from the drop-down menu; Federal, State, Contractor, JP Morgan or Other. "If "Other" was selected in this field, please provide an explanation in Field 22 of what "Other" means as well as the justification for the selection."
7. **TELEPHONE**- Enter telephone.
8. **CONTRACT EXPIRATION DATE** - If you are a Contractor, enter your Contractor Expiration Date. Please contact your COTR for this date.
9. **TEMPORARY EMPLOYEE EXPIRATION DATE** - If you are a Temporary Employee (*Intern*), enter your Expiration Date. Please contact your supervisor for this date.
10. **COMPANY** - Enter your company/agency affiliation.
11. **DIVISION** - Enter your division affiliation.
12. **DEPARTMENT** - Enter your department affiliation.
13. **OFFICE** - Select your office affiliation from the drop-down menu. Enter the street number, street name, suite number, city, state and zip code of the facility where the requesting user will be working. "If "Other" was selected in this field, please provide an explanation in Field 22 of what "Other" means as well as the justification for the selection."
14. **SYSTEM NAME** - Enter the system that you are requesting to access. "If "Other" was selected in this field, please provide an explanation in Field 22 of what "Other" means as well as the justification for the selection."
15. **TYPE OF ACCESS** - For the system, enter the type of access requested. Access types are system specific. Please check with the System Owner to determine the appropriate access type.
16. **FORM** - This field is needed for FPRS access only. Enter the form that the user has requested to access.
17. **ACTION REQUESTED** - Enter the type of access requested for this system, if you are not sure, please contact the system owner for the appropriate action.
18. **STATE/LOCALITY CODES** - Enter the state/locality codes that are needed for system access. State/Locality codes are FNCS organization codes that specific systems may require. If required, these codes will determine the information that you can access within the FNCS system. If you do not know your state/locality code, please contact the System Owner for the code.
19. **LOGIN ID** - For new accounts, the Agency will enter the login ID here. If an existing account, enter in your current login ID.
20. **SOCIAL SECURITY NUMBER (SSN)** - Enter your SSN if requesting access to the NFC only!
21. **HOME ZIP CODE** - Enter your home zip code if you are requesting access to JPMorgan only!
22. **COMMENTS, SPECIAL INSTRUCTIONS** - Enter any comments or special instructions that are needed for the completion of this request for system access.
23. **USER ACKNOWLEDGEMENT** - Read the Privacy Act Statement and the FNCS Rules of Behavior (*ROB*), sign and date the user acknowledgement statement. This must be completed prior to submitting this form to your supervisor.
24. **APPROVALS** - Prior to the user submitting the User Access Request form, it must be approved by the following: the user's Supervisor, the Authorizing Official for the system, the Information Security Office and the State Computer Security Officer, if applicable.
25. **SECURITY and PRIVACY TRAINING COMPLETE** - This section is for FNCS IT Customer Support and Information Security Office Staff use only.
26. **DATE RECEIVED** - This section is for FNCS IT Customer Support and Information Security Office Staff use only.
27. **PERSON RECEIVING REQUEST** - This section is for FNCS IT Customer Support and Information Security Office Staff use only.
28. **DATE COMPLETED** - This section is for FNCS IT Customer Support and Information Security Office Staff use only.