

**SDDC TRANSPORTATION FINANCIAL MANAGEMENT SYSTEM (TFMS) ACCESS REQUEST**

This form is subject to the Privacy Act of 1974. For use of this form, see SDDCR XX-XX.

OMB No. 0704-XXXX  
OMB approval expires  
XXXXXXXXXX

The public reporting burden for this collection of information, OMB 0704-XXXX, is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** 5 U.S.C. 301, Departmental Regulations; Chapter 53, Pay Rates and Systems, Chapter 55, Pay Administration, Chapter 61, Hours of Work and Chapter 63, Leave; Department of Defense Financial Management Regulation (DoDFMR) 7000.14-R, Vol. 8, Chapter 5, Leave; and E.O. 9297 (SSN), as amended

**PRINCIPAL PURPOSE(S):** To create user accounts in the Transportation Financial Management System.

**ROUTINE USE(S):** Processing entitlements and matching to external systems. To facilitate payment of commercial transportation service providers

**DISCLOSURE:** Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.

**SEE INSTRUCTIONS ON PAGE 3 BEFORE COMPLETING THIS FORM****SECTION I - EMPLOYEE INFORMATION**

|                                |                               |                      |                      |                      |                                 |
|--------------------------------|-------------------------------|----------------------|----------------------|----------------------|---------------------------------|
| LAST NAME                      | FIRST NAME                    | MI OR NICKNAME       | GENDER               | RANK/TITLE           | TYPE OF ACTION                  |
| <input type="text"/>           | <input type="text"/>          | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> New    |
| SSN/TFMS EMPLOYEE NUMBER       | DOB                           | START DATE           | PAY GRADE/STEP       | LOCATION             | <input type="checkbox"/> Update |
| <input type="text"/>           | <input type="text"/>          | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Cancel |
| EMPLOYEE JOB/TITLE/POSITION    | OFFICIAL EMAIL ADDRESS        |                      |                      | OFFICE PHONE         |                                 |
| <input type="text"/>           | <input type="text"/>          |                      |                      | <input type="text"/> |                                 |
| EMPLOYEE CATEGORY (Choose One) | ASSIGNMENT GROUP (Choose One) |                      | SPECIFY (If Other)   |                      |                                 |
| <input type="text"/>           | <input type="text"/>          |                      | <input type="text"/> |                      |                                 |

Checking this box constitutes the employees' consent to use privacy information for payment of payroll and DTS entitlements. Failure to provide this information will result in the inability of SDDC to process payments. This information is collected under the authority of DoD Financial Management Regulations and is protected in accordance with the Privacy Act of 1974, as amended.

EMPLOYEE SIGNATURE

**SECTION II - SUPERVISOR VERIFICATION**

|  |   |
|--|---|
| SUPERVISOR NAME (Last, First MI)   | ORGANIZATION/DIRECTORATE  |
| <input type="text"/>   | <input type="text"/>  |
| SPECIAL SCHEDULE EMPLOYEE  | FUNDING TYPE  |
| <input type="checkbox"/> YES SPECIFY <input type="text"/>  | <input type="checkbox"/> NO   |
| <input type="checkbox"/> YES SPECIFY <input type="text"/>  | <input type="checkbox"/> APPROPRIATED <input type="checkbox"/> WORKING CAPITAL FUND |
| By checking this box, the supervisor certifies that all roles and responsibilities provided are required for performance of the individual's assigned duties. See page 2 for selections. | SUPERVISOR SIGNATURE  |
| <input type="checkbox"/>   | <input type="text"/>  |

**SECTION III - FOR BUDGET USE ONLY**

|                                      |                      |                      |                      |                               |                      |                      |
|--------------------------------------|----------------------|----------------------|----------------------|-------------------------------|----------------------|----------------------|
| UIC                                  | PARA/LN              | PARA TITLE           | PROJECT              | TASK                          | FACILITY CODE (CFAC) | COST CENTER (CC)     |
| <input type="text"/>                 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>          | <input type="text"/> | <input type="text"/> |
| BUDGET VERIFICATION (Last, First MI) |                      |                      |                      | BUDGET VERIFICATION SIGNATURE |                      |                      |
| <input type="text"/>                 |                      |                      |                      | <input type="text"/>          |                      |                      |

**SECTION IV - FOR SYSTEM ADMINISTRATOR USE ONLY**

|                                       |                                |
|---------------------------------------|--------------------------------|
| ROLE VERIFICATION (Last, First MI)    | ROLE VERIFICATION SIGNATURE    |
| <input type="text"/>                  | <input type="text"/>           |
| <input type="checkbox"/> VERIFIED     | SYSTEMS VERIFICATION SIGNATURE |
| SYSTEMS VERIFICATION (Last, First MI) | <input type="text"/>           |
| <input type="text"/>                  | <input type="text"/>           |

**REQUIRED ROLES**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> TFMS EMPLOYEE (TIME CARD)      | <input type="checkbox"/> TFMS DFAS INTERNAL AUDIT        | <input type="checkbox"/> TFMS PROJECT ACCOUNTANT         |
| <input type="checkbox"/> TFMS EXECUTIVE TIME MANAGER    | <input type="checkbox"/> TFMS DFAS IPAC TECHNICIAN       | <input type="checkbox"/> TFMS PROJECT ALLOCATIONS ADMIN  |
| <input type="checkbox"/> TFMS PA IBS CORRECTIONS        | <input type="checkbox"/> TFMS DFAS PAYMENT PROCESSOR     | <input type="checkbox"/> TFMS PROJECT BILLING REVIEWER   |
| <input type="checkbox"/> TFMS ACCOUNTING OPERATIONS MGR | <input type="checkbox"/> TFMS DFAS SUPPLIER TECHNICIAN   | <input type="checkbox"/> TFMS PROJECT COST ADMIN         |
| <input type="checkbox"/> TFMS ACCOUNTING SUPPORT MGR    | <input type="checkbox"/> TFMS DFAS TBO TECHNICIAN        | <input type="checkbox"/> TFMS SCHEDULE JOBS USER         |
| <input type="checkbox"/> TFMS AP CURRENCY MANAGER       | <input type="checkbox"/> TFMS DFAS VENDOR PAY TECHNICIAN | <input type="checkbox"/> TFMS SECURITY ADMIN             |
| <input type="checkbox"/> TFMS AP LEAD                   | <input type="checkbox"/> TFMS FED ADMIN AR TECHNICIAN    | <input type="checkbox"/> TFMS SENSITIVE SUPPLIER INQUIRY |
| <input type="checkbox"/> TFMS AP RELEASE HOLDS          | <input type="checkbox"/> TFMS FED ADMIN PTP TECHNICIAN   | <input type="checkbox"/> TFMS SETUP INQUIRY              |
| <input type="checkbox"/> TFMS AP TECHNICIAN             | <input type="checkbox"/> TFMS FIN SCHEDULER ADMIN        | <input type="checkbox"/> TFMS SUPERVISOR TIME MANAGER    |
| <input type="checkbox"/> TFMS AR LEAD                   | <input type="checkbox"/> TFMS FUNCTIONAL ADMIN           | <input type="checkbox"/> TFMS SURROGATE TIME ENTRY       |
| <input type="checkbox"/> TFMS AR RECEIPT ENTRY          | <input type="checkbox"/> TFMS GL SETUPS INQUIRY          | <input type="checkbox"/> TFMS SYSTEM ADMIN               |
| <input type="checkbox"/> TFMS AR TECHNICIAN             | <input type="checkbox"/> TFMS GSA AUDITOR                | <input type="checkbox"/> TFMS SYSTEM ADMIN INQUIRY       |
| <input type="checkbox"/> TFMS ASSET ACCOUNTANT          | <input type="checkbox"/> TFMS HR SETUP LEAD              | <input type="checkbox"/> TFMS SYSTEM DEVELOPER           |
| <input type="checkbox"/> TFMS ASSET PERIOD CLOSE        | <input type="checkbox"/> TFMS INTERNAL AUDITOR           | <input type="checkbox"/> TFMS SYSTEM INTERFACE ADMIN     |
| <input type="checkbox"/> TFMS ASSETS MANAGER            | <input type="checkbox"/> TFMS INTERNAL BANK MGR          | <input type="checkbox"/> TFMS SYSTEMS ACCOUNTANT         |
| <input type="checkbox"/> TFMS BUDGET EXECUTION          | <input type="checkbox"/> TFMS INTERNAL BANK VIEW         | <input type="checkbox"/> TFMS TRADING PARTNER TAS SETUP  |
| <input type="checkbox"/> TFMS BUDGET FORMULATION        | <input type="checkbox"/> TFMS INVOICE CERTIFIER          | <input type="checkbox"/> TFMS USER ADMIN                 |
| <input type="checkbox"/> TFMS BUDGET LEAD               | <input type="checkbox"/> TFMS PA TECHNICIAN              | <input type="checkbox"/> TFMS USTC FINANCIAL INQUIRY     |
| <input type="checkbox"/> TFMS BUDGET MANAGER            | <input type="checkbox"/> TFMS PAYROLL LEAD               | <input type="checkbox"/> TFMS USTC SDDC INTERNAL AUDIT   |
| <input type="checkbox"/> TFMS BUDGET PO BUYER           | <input type="checkbox"/> TFMS PAYROLL TECHNICIAN         | <input type="checkbox"/> TFMS YEAR-END BUDGET PO BUYER   |
| <input type="checkbox"/> TFMS CIV PAY AND AUDIT         | <input type="checkbox"/> TFMS P-CARD REQUISITIONER       | <input type="checkbox"/> TFMS YEAR-END PO RECEIVER       |
| <input type="checkbox"/> TFMS CONTRACTING               | <input type="checkbox"/> TFMS PERIOD CLOSE               | <input type="checkbox"/> TFMS YEAR-END PO REQUESTER      |
| <input type="checkbox"/> TFMS CUSTOMER MAINTENANCE      | <input type="checkbox"/> TFMS PO CARE INTERFACE ADMIN    | <input type="checkbox"/> TFMS OBIEE AP REPORTS           |
| <input type="checkbox"/> TFMS DFAS AR TECHNICIAN        | <input type="checkbox"/> TFMS PO GLOBAL POV AGREEMENTS   | <input type="checkbox"/> TFMS OBIEE AR REPORTS           |
| <input type="checkbox"/> TFMS DFAS FR TECHNICIAN        | <input type="checkbox"/> TFMS PO ITEM COST MANAGER       | <input type="checkbox"/> TFMS OBIEE FA REPORTS           |
| <input type="checkbox"/> TFMS DFAS FR YEAR END          | <input type="checkbox"/> TFMS PO ITEM MANAGER            | <input type="checkbox"/> TFMS OBIEE GL REPORTS           |
| <input type="checkbox"/> TFMS DFAS GL ACCOUNTANT        | <input type="checkbox"/> TFMS PO RECEIVER                | <input type="checkbox"/> TFMS OBIEE PA REPORTS           |
| <input type="checkbox"/> TFMS DFAS GL POST              | <input type="checkbox"/> TFMS PO REQUESTER               | <input type="checkbox"/> TFMS OBIEE PO REPORTS           |

## INSTRUCTIONS

SDDC Form 417 must be completed and signed by the employee's supervisor. The form must remain in digital format and be digitally signed by all parties. Disclosure of privacy information is voluntary; however, failure to provide the requested information may preclude access and delay processing of entitlements.

### Section I - Employee Information

**Last Name:** Mandatory

**First Name:** Mandatory

**MI or Nickname:** Middle initial

**Gender:** Select "F" (female) or "M" (male)

**Title or Rank:** Civilian: (Mr., Mrs., Ms.); Military: rank for branch of service (LTC, SSG, PFC., etc.)

**Type of Action:** Place an "X" in the appropriate box (mandatory)

**SSN:** (Required for new access only.) Collected in accordance with DoD FMR, 7000.14-R, Volume 5, and is required for processing of entitlements and matching to external systems (DTS and DCPS). (NOTE: Not required for contractors.)

**DOB:** Date of Birth. Mandatory for individuals that will receive pay and benefits from TWCF (NOTE: Not required for contractors)

**Start Date:** SF50 effective date for new SDDC employees or current date for all other users

**Pay Grade and Step:** Civilian employees only

**Location:** Office location (i.e., Scott AFB, IL)

**Employee Job/Title/Position:** The civilian job title (i.e., Financial Management Analyst)

**Official Email Address:** The user's official email address. Mandatory

**Office Phone:** Mandatory

**Employee Category:** Select from the drop down menu (mandatory for new employees)

**Assignment Group:** Select the option that applies from the drop down menu

**Consent Box:** Must be checked

**Employee Signature:** User must digitally sign the document indicating the above employee information is valid

### Section II - Supervisor Verification

**Supervisor Name:** Last name, first name and middle initial (mandatory)

**Organization/Directorate:** Supervisor's organization and directorate

**Special Schedule Employee:** If yes, provide the type of schedule (i.e., shift work)

**Fund Type:** Place an "X" in the box to verify that the user requires access as requested

**Supervisor Signature:** The supervisor digitally signs the document indicating the above accounting information has been verified

### Section III - For Budget Use Only

**UIC:** Unit Identification Code assigned on the employee's SF50

**PARA/LN:** Paragraph and line number on the TDA

**PARA Title:** Paragraph title on the TDA

**Project:** Mandatory for TWCF employees only

**Task:** Mandatory for TWCF employees only

**Facility Code (CFAC):** Mandatory for TWCF employees only

**Cost Center (CC):** Mandatory for TWCF employees only

**Budget Verification:** Last name, first name and middle initial

**Budget Verification Signature:** The budget representative digitally signs the document indicating the above budget information has been verified

### Section IV - For System Administrator Use Only

**Role Verification:** Last name, first name and middle initial

**Role Verification Signature:** Digital signature of the functional appointee responsible for approving access to the role(s) being requested

**Verified:** Must be checked when user's account setup is complete

**System Verification:** Last name, first name and middle initial

**System Verification Signature:** The system administration representative digitally signs the document indicating the above system administration information has been verified

**Required Roles:** Click the the appropriate box(es). SDDC's TWCF employees must request the TFMS Employee role in order to have the proper access to submit timecards. Please note that the supervisor must certify that all selected roles are required to meet current job requirements. Role access will be reviewed and approved by the system administration team to ensure that access is restricted to the least privileged access possible.