DCPS USER SECURITY ACCESS QUESTIONNAIRE
FAX SIGNED FORM TO COM 303-676-8666 OR DSN 926-8666
PASSWORD RESETS CALL COM 303-676-6420 OR DSN 926-6420

PART I. TO BE COMPLETED BY PAYROLL OFFICE OR CSR SUPERVISOR

EMPLOYEE'S NAME:	SSN:
REQ TYPE: ____NEW USER ____CHANGE USER ____DELETE USER ____ADD SITE _____DELETE SITE	PHONE: area code +7 digits or DSN ( )

SITE ACT:	SITE IDC:	HOME ACT:	CSR USER IDC:

ACTion Code --------- A=ADD C=CHANGE D=DELETE
AUTHorization Type -- M=MER T=T/A P=TBL V=VIEW C=CERT D=DISB A=REMOTE SSO
AUTHorization Number - ACTIVITY/PAY BLOCK/T&A GROUP/EDC GROUP or 'ALL'

ACT	AUTH TYPE	AUTH NO.	ACT	AUTH TYPE	AUTH NO.	ACT	AUTH TYPE	AUTH NO.

PRINTER ID:	Employee Signature/Date
Comments:	Supervisor Signature/Date

PART II. TO BE COMPLETED BY THE COORDINATING ISSO.

USERID Assigned:	ACTIONS COMPLETED	____ACF2 ____DCPS	Notified: (Name/Date)
Comments:		Signature/Date:	

PRIVACY ACT STATEMENT

Section 293 of Title 5 to the U.S. Code authorizes the collection of this information. The information will be used to accomplish an official purpose or carry out an assigned program. The primary purpose of this form is to provide data for control of access to DCPS facilities. Furnishing the information on this form is voluntary, however, failure to do so will result in denial of access to the DCPS system in accordance with the DOD ADP Security Program.

FORM USAGE NOTES

This form, when completed, contains Privacy Act or other sensitive data which must be properly safeguarded. This form may be reproduced in blank form only.