



User Name _____ ICD _____

USER ACKNOWLEDGEMENT OF SECURITY OF IMPACT SYSTEM

The data contained in the IMPACT system and the SF-52 Application must be safeguarded. Therefore, you must NOT exchange or reveal your security identification code (password) to anyone.

If you do not know what functions you are authorized to access, contact your Site Expert (SE) in the Personnel Office. All authorizations are determined by local site policy.

You must log off immediately after completion of your activity in the IMPACT system. NEVER leave the terminal unattended because all users do not have the same access and security authorizations.

Furthermore, the release or usage of information or data from the IMPACT system for other than official purposes is a violation of the Privacy Act. Any unauthorized release may result in disciplinary/adverse action.

ACKNOWLEDGEMENT

We, the undersigned, have read all of the information outlined in the paragraphs above and do agree to uphold the confidentiality of the data contained in the IMPACT system.

Also, the MSC agrees to notify the IMPACT Systems Administrator in OHRM/DHRS on 496-8303 when he/she or any Level IV User leaves the ICD or NIH.

Signature: _____ Date: _____
Level Four Management Systems
Coordinator

Signature: _____ Date: _____
Supervisor

Signature: _____ Date: _____
Personnel Officer

IMPACT LEVEL IV USER SECURITY INFORMATION FORM

Information Needed for - Management Systems Coordinator

*** Please Type or Print Clearly ***

Full Name : _____
Logon ID : _____
(3 characters/numbers)
Password : _____
(3 to 8 characters/numbers)
SSN : _____
ICD : _____
Phone : _____
Position Title : _____
Access Admin Code : _____
Access Admin Code #2 : _____
(Admin Code #2 optional - Fill in only if needed)

Please notify the ICD Site Coordinator when information has been entered in the IMPACT system:

Name: _____
Phone: _____

Complete the above information and return form with security statement to:

IMPACT SYSTEM ADMINISTRATOR
OHRM/DHRS
Building 31, Room B3C33
31 Center Drive MSC 2213
Bethesda, MD 20892-2213
FAX: (301) 496-5240

*** FOR DHRS USE ***

Date Entered: _____
Date Notified: _____
Entered by: _____

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