U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE COMPUTER SYSTEM ACCESS REQUEST

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

1. USER NAME Federal S			2. USDA E-AUTI	2. USDA E-AUTH ID		3. DATE OF REQUEST		
4A. ORGANIZATION					5. PERSONAL INFORMATION			
				5A. TELEPHO	5A. TELEPHONE		5B. DATE OF BIRTH	
4B. ADDRESS				SECURITY NUMBER ERS ONLY)		5D. HOME ZIP CODE		
				5E. EMAIL				
6A. SYSTEM ACCESS SECTION								
SYSTEM NAME		FORM T		OF ACCESS	ACTION REQUESTED		LOGIN ID	
6B. STATE/LOCALITY CODE(S)								
SYSTEM NAME:_								
7. COMMENTS, SPECIAL INSTRUCTIONS								
8. APPROVALS								
DECISION	DAT	ΓE	OFF	FICIALS	ALS		PHONE NUMBER	
Approve Deny		a.	a. HQ or Regional Deputy Computer Security Officer					
Approve Deny		b	b. Authorizing Official for System					
Approve Deny	c. State Computer			er Security Office	r			
9. DATE RECEIVED	D/PERSOI	N		10. DATE CO	MPLETED	-		

Form Instructions

USER NAME (First, Mi, Last) - The first, middle initial, and last name of the person requesting FNS computer system access. Check appropriate box.

USDA E-AUTH ID - Enter your official eAuthentication ID. To obtain an e-Auth ID go to http://www.eauth.egov.usda.gov/index.html and click on "Create an Account".

DATE OF REQUEST - The date the Computer System Access Request form is submitted.

ORGANIZATION - The name of the FNS organization where the requesting person is employed.

ADDRESS - The street name and number, suite number, city, state and zip code of the FNS organization where the requesting person is employed.

TELEPHONE NUMBER - Enter the area code and seven-digit telephone number.

DATE OF BIRTH - Enter the date of your birth in mm/dd/yyyy format. This information is required for new JP Morgan Boss system users.

SOCIAL SECURITY NUMBER - This must be a valid nine-digit U.S. Social Security Number. This information is required for new NFC system users.

HOME ZIP - Enter zip code from your home address. This information is required for new JP Morgan Boss system users.

EMAIL - Enter your FNS email address.

SYSTEM ACCESS SECTION - In this section, provide the following information to request access to one or more FNS computer systems. Use additional pages if more space is needed.

SYSTEM NAME - This is the name of the FNS computer system that you need to access.

FORM - Within the above named system there may be specific forms that you need to access. Enter the name of the forms in the space provided.

TYPE OF ACCESS - This determines the type of access for the FORM once it's displayed on your computer. Access types are FORM specific. Access types are usually Inquiry, Store, Update, and Delete. Please check with your system documentation for all valid Access Types.

ACTION REQUESTED - Enter either Add (to grant access), Delete (to revoke access), or Modify (to change access).

LOGIN ID - Enter your current Login ID for the system you are requesting to access. If this is a new access request and you do not have a Login ID, then leave this area blank.

STATE/LOCALITY CODE(S) - These are FNS organization codes that a particular FNS computer system might require. If required, these codes will determine the information that you can access within the FNS computer system. Check with the system administrator for the FNS computer system in question to determine if these access codes are required.

SYSTEM NAME - This is the name of the FNS computer system that requires Organization Access Codes. In the space provided next to the System Name, enter the Organization Access Codes.

COMMENTS, SPECIAL INSTRUCTIONS - This section of the form can be used to submit comments or instructions to the FNS Security Staff.

APPROVALS - Before any person submits a Computer System Access Request, it must be approved by the requesting person's HQ or Regional Deputy Computer Security Officer. For each system listing in Section 6A, that system's Authorizing Officer must also approve access.

DECISION - The appropriate Official will use this space to mark whether they have approved or denied your Computer System Access Request.

DATE - This is the date of the decision to either approve or deny your Computer System Access Request.

OFFICIALS - This space is used for the appropriate Official to sign their name.

PHONE NUMBER - This is the area code and seven-digit telephone number of the corresponding Official.

DATE RECEIVED/PERSON - This section is for FNS Staff use only.

DATE COMPLETED - This section is for FNS Staff use only.

PRIVACY ACT STATEMENT

The use of the requesting person's Social Security Number is for identification purposes only. Furnishing this information is only required for those individuals requesting access to the National Finance Center (NFC). Existing NFC users requesting modification or termination of access to the NFC are not required to provide their Social Security Number. If this agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.