

HR SELF SERVICE REQUEST for Military Supervisors and All External Users

Instructions for completing this form are shown on next page

New Account

 Modify Existing Account

 Inactivate Account

SECTION I: USER INFORMATION (USER MUST COMPLETE):

Name (Last, First MI)	Check the choice that applies: <input type="checkbox"/> Military <input type="checkbox"/> Local National <input type="checkbox"/> Other (Please Specify)
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SSN:	Date of Birth (DD-MMM-YYYY):	PP/Series/Grade/Rank:
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Position Title:

Activity Name:	Activity Code:	Organization Code:
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Work Mailing Address:	Phone (Include Area Code and DSN)	Email Address:
	FAX:	

I assume responsibility for the data and system to which I am granted access. I will not exceed my authorized access and will abide by the rules and regulations governing privacy act data and personally identifiable information (PII).
 I understand my obligation to protect my personal password to MyWorkplace.

User's Signature: _____ **Date:** _____

SECTION II: MyWorkplace Access

LIMIT USER ACCESS TO THE FOLLOWING ORGANIZATION:	ACTIVITY CODE (Ex: G6, CA, etc.)
	ORGANIZATIONAL CODE (Ex: IOEA, YC, etc.)

SECTION III: MyWorkplace Access – to be reviewed by a representative of the Human Resources servicing team

LN Pseudo SSN Assigned: _____	Authorized Non-CAC User: _____
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DLA Human Resources Customer Support POC: (signature certifies that the above named individual has the DCPDS MyWorkplace access rights identified above)

Name: _____

Signature: _____

PRIVACY ACT STATEMENT

Public Law 99-474, the counterfeit Access Device and Computer Fraud and Abuse Act of 1984, authorized collection of this information. The information will be used to verify that you are an authorized user of a Government automated information system (AIS) and/or to verify your level of Government security clearance. Although disclosure of the information is voluntary, failure to provide the information may impede or prevent the processing of your Modern DCPDS User Account Request. Disclosure of records or the information contained therein may be specifically disclosed outside the DOD according to the "Blanket routine Uses" set for at the beginning of the DISA compilation of systems of records, published annually in the Federal Register, and the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act.

DCPDS USER ACCOUNT REGISTRATION INSTRUCTIONS

To complete the HR Self Service Request for Military supervisors and All External Users:

SECTION I: USER INFORMATION

- 1) **Are you adding a new account, modifying an existing account or inactivating an existing account?** Select one
- 2) **Enter the user's Last name, First name, Middle Initial (MI)**
- 3) **Type of user: Military, Local National, Other.** Select one.
- 4) **Enter the user's Social Security Number (SSN)**
- 5) **Enter the user's Date of Birth in DD-MMM-YYYY order.**
- 6) **Enter the user's pay plan, occupational series and grade/pay band or Military Rank (e.g., CDR, CAPT, LTCOL, etc).**
- 7) **Position Title:** Enter the user's current position title or billet designation.
- 8) **Activity Name:** Enter the name of the user's Activity.
- 9) **Activity Code:** Enter the two character Activity code of the user's activity.
- 10) **Organization Code:** Enter the user's organizational code.
- 11) **Work Mailing Address:** Enter the user's command or activity mailing address.
- 12) **Phone:** Enter the users work telephone number including area code and DSN Prefix.
- 13) **FAX Number:** Enter the user's FAX number.
- 14) **Email Address:** Enter the user's Internet email address.
- 15) **Users Signature:** The user should sign in this block and date.

SECTION II: MyWorkplace Access

- 1) **User Access to Personnel Records:** List the Activities and Organization Codes the user must access.

SECTION III: MyWorkplace Record Access (to be completed by the DLA Human Resources team servicing the organization).

- 1) **LN Pseudo SSN Assigned:** HR Specialist should see their Hierarchy point of contact.
- 2) **Authorized Non-CAC User:** HR Specialist should see J14-Columbus personnel.
- 3) **Human Resources Customer Support Team POC:** A representative from the DLA Human Resources team servicing the organization must verify the need for access with a signature.

Note: The form must be completed and routed through the appropriate Human Resources Team for system access. Your Human Resources Customer Support POC will sign and forward to DHRC J-14 Columbus for processing.