DEFENSE CIVILIAN PAY SYSTEM (DCPS) NON-PAYROLL OFFICE ACCESS FORM *(Block 27 continuation of DD Form 2875)*

PRIVACY ACT STATEMENT

AUTHORITY: Executive Orders 10450 and 9397 (SSN), Public Law 99-474, The Computer Fraud and Abuse Act (as amended), and 18 U.S.C. Section 1030 (as amended).
PRINCIPAL PURPOSE(S): To record names, signatures, and Social Security Numbers for the purpose of validating the trustworthiness of individuals requesting access to Department of Defense (DoD) systems and information.
ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: The DoD "Blanket Routine Uses" set forth at the beginning of DoD's compilation of systems of records notices apply to this system.
DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay, or prevent further processing of this request.

PART I. USER PERSONAL INFORMATION *(To be completed by the user, an authorized CSR, or the user's supervisor/government sponsor)*

1. NAME *(Last, First, Middle Initial)*	2. EMPLOYEE ID *(SSN/LN #/SOFA #)*	3. AGENCY/MAJOR CLAIMANT
Doe, John S	123-45-6789	AGENCY CODE: _____ MAJOR CLAIMANT CODE: _____

4. AFFILIATION *(If affiliation is Foreign National, provide country code)*

[ ] CIVILIAN (C)   [ ] CONTRACTOR (R)   [X] MILITARY (M)   [ ] FOREIGN NATIONAL (F)   COUNTRY CODE: _____

5. DCPS SECURITY AWARENESS ONLINE COURSE COMPLETION CERTIFICATION *(IMPORTANT: New users must complete this course before requesting access)*   [ ] I have completed the DCPS Security Awareness Online Course.   DATE *(YYYY-MM-DD)*:

PART II. USER ACCESS INFORMATION *(To be completed by the user, an authorized CSR, or the user's supervisor/government sponsor.)*

6. DATABASE DESIGNATOR *(X all that apply for a payroll office and enter designator(s) in column 13. A different form must be submitted for each payroll office.*

[ ] CPI [ ] OMA [ ] ZFA [ ] ZFR [ ] ZKA [ ] ZKE [ ] ZPA [ ] ZPV [ ] ZGT [ ] ZLO [ ] ZPB [ ] ZPD [ ] ZPH

7. HOME ACTIVITY CODE	8. SITE ACTIVITY CODE	9. SITE INDICATOR CODE	10. PRINTER ID FOR REPORTS

11.a. CSR NAME *(Last, First, Middle Initial)*	b. TELEPHONE NUMBER	c. EMAIL ADDRESS

12. USER TYPE *(X one):*   Enter **ONLY** corresponding:

USER TYPE	AUTHORIZATION TYPE *(Enter in Column 15):*	AUTHORIZATION NUMBER *(Enter in Column 16):*
[ ] **E** - Customer Service Representative (CSR)	**M** - CSR MER Clerk (non-SF50) **P** - CSR Tables Maintenance **V** - CSR View	CSR group or "All" for all groups within CSR site (Leave Column 15 blank) CSR group or "All" for all groups within CSR site
[ ] **T** - Time and Attendance (T&A)	**T** - T&A Site Clerk	T&A group or "all" for all groups within T&A site
[ ] **B** - Combined Duties Representative (CDR (CSR and T&A))	**M** - CDR MER Clerk (non-SF50) **P** - CDR Tables Maintenance **T** - CDR T&A Site Clerk **V** - CDR View	CSR group or "All" for all groups within CSR site (Leave Column 15 blank) T&A group or "All" for all groups within CSR site CSR group or "All" for all groups within CSR site
[ ] **I** - Enhanced CSR (ECSR (CSR and T&A))	**M** - ESCR MER Clerk (non-SF50) **P** - ESCR Tables Maintenance **T** - ESCR T&A Site Clerk **V** - ESCR View	(Leave Column 15 blank) (Leave Column 15 blank) (Leave Column 15 blank) (Leave Column 15 blank)
[ ] **C** - T&A Certification	**C** - T&A Site Certifier	Activity code or activity and organization codes
[ ] **P** - Human Resources Office (HRO)	**M** - HRO MER Clerk (SF50) **L** - HRO Leave Bank **V** - HRO View **N** - PRO View	CSR group or "All" for all groups within CSR site Agency code/major claimant code CSR group or "All" for all groups within CSR site
[ ] **D** - Remote Disbursing Office (RDO)	**D** - RDO Report Printing	RDO site
[ ] **V** - Accounting	**J** - Accounting Technician	(Leave Column 15 blank)

ACTION CODE *(Enter in Column 13):* **A** - Add **C** - Change **D** - Delete

13. ACTION CODE	14. DATABASE	15. AUTH TYPE	16. AUTH NO.	13. ACTION CODE	14. DATABASE	15. AUTH TYPE	16. AUTH NO.

USER AGREEMENT

I accept the responsibility for the information and DoD system to which I am granted access and will not exceed my authorized level of system access. I understand that my access may be revoked or terminated for non-compliance with DoD security policies. I accept responsibilities to safeguard the information contained in these systems from unauthorized or inadvertent modification, disclosure, destruction, and use. I understand that my use of the system may be monitored as part of managing the system, protecting against unauthorized access and verifying security problems. I will ensure system media and output are properly marked, controlled, stored, transported and destroyed based on sensitivity and need-to-know. I will report all DCPS IA-related suspicious threats and vulnerabilities to the appropriate organization. I have completed a U.S. Government background investigation equal with the level of access granted. I will use strong passwords, protect workstation, and not leave my CAC card or other authentication device unattended. I will keep my security training current. I agree to notify the appropriate organization that issued my account(s) when access is no longer required.

17. USER'S SIGNATURE	18. DATE *(YYYY-MM-DD)*
DOE.JOHN.S AMPLE.1234 567890 *(Digitally signed)*	2012-08-31

19. SUPERVISOR APPROVAL *(Completed by user's supervisor or government sponsor)*

a. CERTIFICATION OF NEED-TO-KNOW

[X] I certify that this user requires access as requested in block 13 of the user's DD Form 2875.

b. SUPERVISOR/GOVERNMENT SPONSOR'S FULL NAME	c. SIGNATURE	d. DATE *(YYYY-MM-DD)*
Mr John Doe's Supervisor	SUPERVISOR.JOHN.DOE.2222222222 *(Digitally signed)*	2012-08-31

IMPORTANT: Submit this form with the user's DD Form 2875, "System Authorization Access Request (SAAR)".