GWA SYSTEM ENROLLMENT FORM – SUPERVISOR

* This form is used for enrollment in the GWA system as a Supervisor Only, or as a Supervisor with User Roles.

Check one box: New Request		e me Change nail Address Change	Revoke
Section I – New Supervisor Information			
Name:(First, Middle Initial, Last)			
Organization/Agency Name:			
Treasury User ID (If applicable):		Work Phone:	
Work Address:			
City: Sta	ite:	Zip Co	de:
Email Address:			
☐ No additional module/roles require (If checked, skip sections II & III and o	•	•	
Section II – Supervisor Assigned in GWA and Complete this section if the new supervisor number select a supervisor in GWA in order	needs access t	to any GWA module/r	
Approver's Name:			
(First, Middle Initial, L	Last)		
Treasury User ID (If applicable):		Work Phone:	
Email Address:			
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Section III - GWA Access Requested for the New Supervisor

Circle all roles required and enter the ALC(s) that need to be added with each requested role.

Primary ALC(s)	Module	Roles			
	ACCTSTMT (Account Statement)	AR=Agency Reviewer	GR=Government Reviewer		
	NET (Non- expenditure transfers)	AR=Agency Reviewer	AP=Agency Preparer	AC=Agency Certifier	AA=Agency All
	BPD (Borrowing from Treasury)	AR=Agency Reviewer	AP=Agency Preparer	AC=Agency Certifier	AA=Agency All
	BPDR (Borrowing from Treasury Reversals)	AR=Agency Reviewer	AP=Agency Preparer	AC=Agency Certifier	AA=Agency All
	BPDW (Borrowing from Treasury Write- offs)	AR=Agency Reviewer			
	Aprop (Appropriations)	AR=Agency Reviewer			
	TDO Payments (replacing RFC Agency Link)	AR=Agency Reviewer	RFCV=RFC Viewer		
	Partial 224	P 224P Preparer	P 224V Viewer	P 224A Administrator (Restricted)	

Approver's Name: _			
_	(First, Middle Initial, Last)		
Email Address:		Work Phone:	
Signature:		Date:	

This form is in compliance with the Privacy Act of 1974 (Section 552a, 5 U.S.C., Section 301, 5 U.S.C., Section 3105, 44 U.S.C., 18 U.S.C., 3056), and the Treasury Departmental Offices Directive DO 216. The information you provide on this form will be used principally to aid in the completion of your access request to Financial Management Service (FMS) systems. All or part of this information may be furnished to Federal, State, local and public agencies in the event a violation of law is disclosed. Completion of this form is voluntary; however, failure to complete the form requested will result in no consideration for access to FMS systems.

Although no penalties are authorized if you do not provide the requested information, failure to supply information will result in you not receiving access to FMS systems.

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Section IV - Approval