

APHIS USER ACCOUNT CONTROL FORM

Blocks 1 through 10 to be completed by requestor

1. USER NAME			2. DATE OF REQUEST
Last Name: _____	First Name: _____	Middle Initial: _____	
3. USER PHONE NUMBER (including area code)		4. USER E-MAIL ADDRESS	
5. USER EMPLOYER (choose only one) <input type="checkbox"/> APHIS <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER Specify: _____		6. TYPE OF REQUESTED ACCESS (choose only one) <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY/EMERGENCY (must complete Block 10)	
7. SYSTEM(S) TO WHICH ACCESS IS REQUESTED (Server names and/or database names, if applicable)		8. ACTION REQUESTED (choose only one) <input type="checkbox"/> Establish new user account <input type="checkbox"/> Terminate user account <input type="checkbox"/> Modify user account (use Block 9 to specify instructions)	
9. INSTRUCTIONS FOR ACCOUNT MODIFICATION (if applicable)		10. DURATION/HOURS OF REQUESTED ACCESS (If requesting temporary/emergency access, must specify termination date and hours of requested access, e.g., business hours, evenings, weekends, etc.)	

Blocks 11 through 15 to be completed by requestor if user is not an APHIS employee

11. NAME AND ADDRESS OF USER'S EMPLOYER (Company, or Federal/State/Local Agency)	12. USER'S SUPERVISOR (Name, Title, Phone Number)
13. CONTRACT NUMBER (if applicable)	14. APHIS POINT OF CONTACT (e.g., Contracting Officer Representative)

15. REASON FOR ACCESS (Please describe the nature of the tasks being performed by the user)

Block 16 to be completed by user's supervisor (if user is an APHIS employee), APHIS contracting officer representative (if user is a contractor), or authorizing APHIS point of contact (for all others)

16. APHIS AUTHORIZING OFFICIAL

(Sign) _____ (Date) _____

Print name and title: _____

Blocks 17 and 18 to be completed by system owner

17. SYSTEM OWNER

(Sign) _____ (Date) _____

Print name and title: _____

18. ACTION TAKEN

INSTRUCTIONS FOR COMPLETING APHIS USER ACCOUNT CONTROL FORM

1. APHIS supervisors, and APHIS points of contact for contractors and non-APHIS employees, will complete this form and forward it to system owners for the following user events:
 - a. Work start date – form will be submitted 14 calendar days prior to work start date.
 - b. Intra-Agency transfer or change of job duties – form will be submitted within 14 calendar days following these events.
 - c. Termination – form will be submitted within 14 calendar days following employee or contractor termination, or cessation of work for which access was required.
2. If multiple systems are listed in Block 7, requestor will send a copy of the completed form to each system owner.