NATIONAL FINANCE CENTER
AGENCY DISTRIBUTED SECURITY ADMINISTRATOR DESIGNATION FORM
Please complete one form for each security administrator

DEPARTMENT	AGENCY

SUB-AGENCY	EFFECTIVE DATE: *(Date designated as a security officer if known, if not, list current)*

NFC USER ID	DSA ROLE ☐ ADD ☐ REMOVE	DISTRIBUTED SECURITY ADMINISTRATOR ☐ webTA ☐ *EmpowHR*

DISTRIBUTED SECURITY ADMINISTRATOR NAME	PHONE	EMAIL

CHIEF INFORMATION SECURITY OFFICER NAME	PHONE	EMAIL

CHIEF INFORMATION SECURITY OFFICER TITLE	CHIEF INFORMATION SECURITY OFFICER SIGNATURE	DATE

AMB USE ONLY

REMEDY TICKET NUMBER	DATE

APPLICATION NAME ☐ webTA ☐ *EmpowHR*	ADMINISTRATOR NAME

FORM AD-3100-DSA (Revised 12/15)