

NATIONAL FINANCE CENTER REPORTING CENTER REQUEST FOR SECURITY ACCESS FORM

SECTION 1. USER INFORMATION

NFC USER ID <i>(Existing users)</i>	USER NAME	NAME CHANGE	SOCIAL SECURITY NUMBER <i>(New users only)</i>	CONTRACTOR (Y/N)	EXPIRATION DATE <i>(Contractor only)</i>
1		<input type="checkbox"/> YES <input type="checkbox"/> NO			

SECTION 2. ACCESS REQUIRED

USERS <input type="checkbox"/> ADD <input type="checkbox"/> MODIFY <input type="checkbox"/> DELETE	ACCESS <input type="checkbox"/> ADD <input type="checkbox"/> MODIFY <input type="checkbox"/> DELETE	USER EMAIL ADDRESS
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SECTION 3. ORGANIZATIONAL STRUCTURE

DEPARTMENT	AGENCY	SERVICED AGENCY
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SECTION 4. LEVEL OF ACCESS

ORGANIZATION CODE	PERSONNEL OFFICE IDENTIFIER(S) (POI)	CONTACT POINTS <i>(required for time and attendance reports)</i>	<input type="checkbox"/> DETAILED <input type="checkbox"/> SENSITIVE
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SECTION 5. REPORT ACCESS

ADMINISTRATIVE REPORTS & ACCESS LEVEL <input type="checkbox"/> Cost Metrics Reports <input type="checkbox"/> Energy Reports <input type="checkbox"/> T&A Reports <i>(POI or contact point – contains detail data)</i> <input type="checkbox"/> OTRS reports <i>(Requires Agency Locator Code-ALC)</i> <input type="checkbox"/> Telephone Reports <input type="checkbox"/> Outstanding Travel Advances <input type="checkbox"/> Utility Vendor (UTVN) Reports	FINANCIAL REPORTS & ACCESS LEVEL <input type="checkbox"/> SF-224 Abstract of Transactions <i>(Agency-wide access only)</i> <input type="checkbox"/> FSDW Report (AMB: grant profile FISVFSDW on the mainframe) <input type="checkbox"/> SF-2812 Reports (Department-wide access only. NOT for specific Agency within a department.) <input type="checkbox"/> Statement of Earnings & Leave <i>(Organizational Structure and/or POI DETAIL FLAG is required)</i>	<input type="checkbox"/> W2 Wage & Tax Statement <i>(Organizational Structure and/or POI. DETAIL FLAG is required.)</i> <input type="checkbox"/> PERSONNEL REPORTS <i>(Organizational structure and/or POI)</i> <input type="checkbox"/> WORKFORCE REPORTS <i>(Organizational structure and/or POI. Some reports require access to sensitive data. Some reports need detail flag in order to run.)</i>
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SECTION 6. SECURITY OFFICERS ONLY

<input type="checkbox"/> ACFO System Access Reports (Zone, Division, and Department) <input type="checkbox"/> T & A Transmission Access Reports <input type="checkbox"/> Zone <input type="checkbox"/> Division <input type="checkbox"/> Department <input type="checkbox"/> Cross-Servicing Validation T & A Access Report (Contact Point required)	<input type="checkbox"/> Mainframe User Inactivity Reports <input type="checkbox"/> Zone <input type="checkbox"/> Division <input type="checkbox"/> Department	<input type="checkbox"/> EmpowHR Application Access Report <i>(Organization required)</i> <input type="checkbox"/> EmpowHR Privilege User Report <i>(Organization required)</i> <input type="checkbox"/> EmpowHR Inactive User Report <i>(Organization required)</i> <input type="checkbox"/> Payroll Personnel System Access Report <i>(Organization required)</i>
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SECTION 6. APPROVALS (ASO use only)

USER SIGNATURE	DATE
SUPERVISOR AUTHORIZATION	DATE

SECTION 7. AMB USE ONLY

REMEDY TICKET NUMBER	ADMINISTRATOR NAME	DATE
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PRIVACY ACT NOTICE: In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of your Social Security Number is authorized by Executive Order 9397 of November 22, 1943 and 5 U.S.C. 301. The primary purpose of requesting the Social Security Number (SSN) is to properly identify the employee. Many employees have similar names and the furnishing of the SSN will enable USDA to identify authorized users of USDA's computer systems. The information will be used by offices and employees who have a need for the information in the performance of their official duties. The information will not be disclosed outside USDA or the employing agency. Disclosure of your SSN and other information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.