

**DCPDS/CSU/HRRS USER ACCOUNT REQUEST
PERSONAL DATA – PRIVACY ACT OF 1974**

Public Law 99-474 (Counterfeit Access Device and Computer Fraud and Abuse Act of 1984) and Public Laws 93-579 (Privacy Act of 1974), authorizes collection of this information. The information will be used to verify that you are an authorized user of a Government automated information system (AIS) and/or to verify your level of Government security clearance. Although disclosure of the information is voluntary, failure to provide the information may impede or prevent the processing of your requested User Account. Disclosure of records or the information contained therein may be specifically disclosed outside the DoD according to the "Blanket Routine Uses" set forth at the beginning of the DISA compilation of systems of records, published annually in the Federal Register, and the disclosures generally permitted under 5 U.S.C.552a(b) of the Privacy Act.

Description for Use: Form used to request access to the Defense Civilian Personnel Data System (DCPDS) for employees that will be creating Request for Personnel Actions (RPA). Also used to request access to Human Resources Reporting System (HRRS).			
TYPE OF REQUEST:	<input type="checkbox"/> Add EOD:	<input type="checkbox"/> Modify	<input type="checkbox"/> Name Change <input type="checkbox"/> Other (explain):
	<input type="checkbox"/> Replaces:	Identify blocks being changed with an Asterisk	
<input type="checkbox"/> Delete/End DateReason:			
Section 1. This section to be completed by Requester/Supervisor			
Full Name (Last, First, MI): <i>No Nicknames, Include Military title if applicable:</i>		Check the applicable status: <input type="checkbox"/> Civilian Employee <input type="checkbox"/> LN Employee <input type="checkbox"/> Gov't Contractor <input type="checkbox"/> Military <input type="checkbox"/> Other, Specify:	
SSN:	DOB: (DD-MMM-YYYY)	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Position Title:
UIC:	Organization Code:	Major Command (e.g. NV70)::	
Activity Name:		Location/Building Number:	
Work Mailing Address:		Phone (Including Area Code):	DSN:
		Fax:	DSN:
Email Address:		NMCI Machine Name:	
I assume the responsibility for the data and system to which I am granted access. I will not exceed my authorized access. I understand my obligation to protect all passwords for the applications to which I am granted access.			
(Requestor's Printed Name)		(Requestor's Signature)	(Date)
I certify this user requires access as requested in the performance of his/her job function.			
(Supervisor's Printed Name)		(Supervisor Signature)	(Date)
Section 2. To be completed by Manager/Supervisor			
DCPDS ACCESS: (Please check all the following options that apply to this user)			
NOTE: User cannot be Reviewer and Requesting/Authorizing Official			
<input type="checkbox"/> Personnelist at HRSC	<input type="checkbox"/> Initiates/Creates RPAs	<input type="checkbox"/> Writes Position/Job Descriptions	
<input type="checkbox"/> Personnelist at HRO	<input type="checkbox"/> Signs RPA as Requesting Official	<input type="checkbox"/> Is a Classifier/Has Classification Authority	
<input type="checkbox"/> Manager/Supervisor	<input type="checkbox"/> Signs RPA as Authorizing Official		
<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Reviews RPAs only (Fiscal)		
<input type="checkbox"/> Pay Pool Manager	<input type="checkbox"/> Approves RPAs as Appointing Official		
<input type="checkbox"/> Activity Self Service Hierarchy Manager			
DCPDS Inbox	<input type="checkbox"/> User will belong to the following Group Boxes:		
CSU ACCESS	<input type="checkbox"/> CSU (Employee Information)		
<input type="checkbox"/> HRRS/COGNOS ACCESS: (Please check all the following options that apply to this user)			
HRRS User Type:	<input type="checkbox"/> Report Access	<input type="checkbox"/> SF50 Print Only	<input type="checkbox"/> Extractions <input type="checkbox"/> Summary Cubes
HRRS Level Of Access:	<input type="checkbox"/> Department of Navy	<input type="checkbox"/> Major Command	<input type="checkbox"/> HRSC <input type="checkbox"/> HRO <input type="checkbox"/> Activity

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User requires access to the following personnel records:

No Restrictions - User views all records in the database

Major Command – User views all records in this Major Claimant: NV _____, NV _____, NV _____, NV _____, NV _____, NV _____

HRSC – User views all records for this Human Resources Service Center: _____, _____, _____, _____

HRO - All Records serviced by this Human Resources Office: _____, _____, _____, _____, _____, _____, _____, _____, _____, _____

Limited Access - User views records with the following limitations (access should be limited to the following CPO ID/UICs/ORGs, Example: MJ00187/ALL, MJ00187/20%)

Section 3. This section to be completed by servicing Human Resources Office:

<i>(HRO Approver Printed Name)</i>	<i>(HRO Approver Signature)</i>	<i>(Date)</i>
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Section 4. Additional Information

Section 5. ***For HRSC Staff only*******

<input type="checkbox"/> Network Access (Windows NT account):	<input type="checkbox"/> Establish E-Mail Account (indicate desired name):
<input type="checkbox"/> RESUMIX ACCESS: <i>Please check all options that apply</i>	<input type="checkbox"/> Operator <input type="checkbox"/> Recruiter <input type="checkbox"/> Sys Admin <input type="checkbox"/> Training <input type="checkbox"/> Operator Delete <input type="checkbox"/> Recruiter Delete <input type="checkbox"/> Sys Admin Backup

Section 6. For HRSC Code 20 use only

DCPDS USER ID:	Responsibility/Secure Profile/View Name:	Secure Profile/View Smart (RPA) Number
Virtual Position ID:		
Group Boxes:		
CSU USER ID:	CITRIX USER ID:	HRRS USER ID:
NMCI USER ID:	NMCI Machine Name:	