

SYSTEM ACCESS REQUEST FORM

(Field Access Only)

General Information

Name: (LAST, FIRST, MI)
 SSN (last 4): Email Address:
 User ID#: (eg., APxxxx) Title & Grade:
 Program Unit:

ACTION REQUESTED

ADD/CREATE ACCOUNT MODIFY ACCOUNT DELETE ACCOUNT

Reporting Center Access

I request access to the following NFC Reporting Center Reports and Organization Structure

Organization Structure to which you require access:

Personnel Action Reports Workforce Profile Reports

Administrative Reports**

**T&A contact point number(s) is required to obtain access to Administrative Reports

T&A Rpts

T&A Contact Point number(s):

- Leave Error Report
- T&A Error Analysis
- T&A Missing Personnel Actions
- T&As not received by NFC

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SUPERVISORY APPROVAL

I concur with the access requested for the above named employee.

Supervisor's Printed Name

Date:

Supervisor's Signature (electronic signature is acceptable)

Note: Submission of this form also requires the user to complete and submit

HRO 135 – NFC Sensitive Data Security Agreement

*******Submit completed form(s) to: HR.system.Access@aphis.usda.gov*******

SECURITY OFFICER INFORMATION

Security Officer's Name: Date Received:
 Date Submitted to NFC: Remedy Number:
 Date Returned from NFC: Date Employee Notified of Access:

Remarks: