

# JCRL User ID Request Form

## Job Corps Resource Library

**For internal use only**  
Created/Deleted/Modified by: \_\_\_\_\_  
Date: \_\_\_\_\_

### Section I – General Information (All fields must be completed – incomplete forms may be returned)

I have an existing login for one of the CDSS Suite of Applications      User ID: \_\_\_\_\_  
 Add New User       Delete User/Remove Access  
Employee Name: \_\_\_\_\_      Employee Title: \_\_\_\_\_  
Department: \_\_\_\_\_      Organization: \_\_\_\_\_      OA/CTS Agency Code: \_\_\_\_\_      Phone: \_\_\_\_\_  
City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_      Fax: \_\_\_\_\_

#### Employee Status:

Permanent       Temporary/Contractor       Other \_\_\_\_\_      Start Date: \_\_\_\_\_      End Date: \_\_\_\_\_

### Section II – Requested Access

Please select one of the roles:

National Office       Security Procurement Document Access       Regional Office       Contractor       Center       OA Agency       CTS Agency  
 SSS - National       SSS - Regional       SSS - Contractor       SSS – Center       NTC       Other \_\_\_\_\_  
\* SSS – Student Satisfaction Survey Report

### Section III – Authorizations

Requesting Manager's Name: \_\_\_\_\_ Requesting Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Point of Contact's Name: \_\_\_\_\_ Point of Contact's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

### Section IV – User Responsibilities

It is the responsibility of the Requestor to comply with the policies governing the access of informational data created, acquired, or controlled by JCDC. These responsibilities include:

- Keeping User IDs and Passwords Confidential
- Choosing unique passwords
- Reporting violations or attempted violations to JCDC Technical Assistance Center
- Informing POC of Termination or Job Function Changes
- Changing passwords as needed to maintain security
- Logging off Terminals at completion of each session

I am aware and agree to comply with JCDC security procedures pertaining to the proprietary and confidential nature of information to which I may have access.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax form to: (512) 804-2012 (Attention: TAC)