National/Regional Staff User ID Request Form

Created/Modified by:_____
Ticket Number:_____
Date:_____

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

CDSS User ID:_____   Staff ID No.:_____   Citrix User ID:_____

☐ **Add New User**   ☐ **Delete User/Remove Access**   ☐ **Modify/Reset/Reactivate Account**

☐ I have an existing login for one of the CDSS Suite of Applications

Employee Name: _____   Employee Title: _____

Organization:_____

Department: _____   Phone: _____

Shipping Address:_____   City:_____   State:_____   Zip:_____

Remote Access Token Requested: ☐ Yes ☐ No   Fax: _____   E-mail: _____

Reason for Account Modification (if applicable): _____

Section II – Requested Access

Please select type of account(s) requested and the role:

☐ **Citrix**

☐ **CIS** ○ Regional Staff

☐ **CTS** ○ Regional Staff

Agency Name and Placer Code:_____

☐ **EIS** ○ General ○ Health ○ DIG Federal

☐ **EPMS** ○ National Property Contractor ○ Regional Property Officer
○ Regional Report-Only Access

Region Name:_____

☐ **FMS** ○ National Office ○ Regional Office ○ Regional RD Office

Contract Name:_____

☐ **FTMS** ○ National User ○ Regional User

Contract Name and Number:_____

☐ **JCRL** ○ National Office ○ Security Procurement Document Access
○ Regional Office ○ SSS- National ○ SSS- Regional

☐ **OASIS** ○ Regional Staff

Region Name: _____

Screener Code:_____

☐ **SIRS** ○ National ○ Regional

☐ **Other**

Details:_____
_____

Section III – Authorizations

Requesting Manager's Name: _____   Phone: _____

Signature:_____   Date: _____

Point of Contact's Name: _____   Phone: _____

Signature:_____   Date: _____

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

By signing below, I am aware of and agree to comply with Job Corps' security policies and procedures pertaining to the proprietary and confidential nature of information to which I may have access.

User Signature:_____   Date:_____

Fax form to: (888) 278-8389 (Attention: TAC), or scan and e-mail to Accountcontrol@jobcorps.org