Center Staff User ID Request Form

Created/Modifie	d by:
Ticket Number:	
Date:	

CDSS User ID:	Staff ID No	o.: Citrix User ID:
Add New User	☐ Delete User/Remove Access	Modify/Reset/Reactivate Account
☐ I have an existing l	ogin for one of the CDSS Suite of Application	tions
Employee Name:		Employee Title:
Center Name/Number:_		Employer:
Department:		Phone:
Shipping Address:		City: State: Zip:
Remote Access Token I	Requested: Yes No Fax:	E-mail:
Reason for Account Mo	dification (if applicable):	
Section II – Req	uested Access	
Please select type of a	account(s) requested and the role:	
Citrix		JCRL Center Staff SSS - Center
CIS Center St	aff	OASIS OA Manager OA Counselor
CTS Center C	ΓS Support Staff CT Specialist	Contract Name and Number:
Agency Name and Placer	Code:	Address:
EIS General		City/State/Zip:
EPMS C Local Property Manager C Local Report-only Access		Screener Code:
_	er:	Mandatory Quality Control: () Yes () No Travel Approve: () Yes () No
	aff CCC Agency CCC Staff	SIRS Center Administrator Center Basic User Center Read -
	w Only	ff
FTMS Center/Agency User		Details:
Contract Name and Number	er:	
Section III – Au	thorizations	
Requesting Manager'	s Name:	Phone:
	me:	
Section IV – Use	er Responsibilities	
It is the responsibility of These responsibilities in		governing the access of informational data created, acquired, or controlled by JCDC.
-	d Passwords Confidential	Informing POC of Termination or Job Function Changes
Choosing unique pass		Changing passwords as needed to maintain security
• Reporting violations	or attempted violations to JCDC Technical A	Assistance Center. • 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