Center 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:**_____

For account reactivation requests, please enter the **Staff ID No. if **CDSS User ID** is unknown.*

☐ **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: _____

Center Name/Number:_____ Employer: _____

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** ◯ Center Staff

☐ **CTS** ◯ Center CTS Support Staff ◯ CT Specialist

Agency Name and Placer Code:_____

☐ **EIS** ◯ General

☐ **EPMS** ◯ Local Property Manager ◯ Local Report-only Access

Contract Name and Number:_____

☐ **FMS** ◯ Center Staff ◯ CCC Agency ◯ CCC Staff

Type of Access: ◯ View Only ◯ Edit/View All ◯ Edit/View Staff Vacancy Only

☐ **FTMS** ◯ Center/Agency User

Contract Name and Number:_____

☐ **JCRL** ◯ Center Staff ◯ SSS - Center

☐ **OASIS** ◯ OA Manager ◯ OA Counselor

Contract Name and Number:_____

Address:_____

City/State/Zip:_____

Screener Code:_____

Mandatory Quality Control: ◯ Yes ◯ No Travel Approve: ◯ Yes ◯ No

☐ **SIRS** ◯ Center Administrator ◯ Center Basic User ◯ Center Read - Only

☐ **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 User 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 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