National/Regional Staff User ID Requ	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 if Add New User Delete User/Remove Access M	s unknown. Iodify/Reset/Reactivate Account
☐ I have an existing login for one of the CDSS Suite of Applications	
Employee Name:	Employee Title:
Organization:	
	Phone:
	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:	FTMS National User Regional User
CIS © Regional Staff	Contract Name and Number:
CTS © Regional Staff	JCRL ONational Office O Security Procurement Document Access
Agency Name and Placer Code:	C Regional Office C SSS- National C SSS- Regional
EIS General Health DIG Federal	OASIS C Regional Staff
EPMS ONAtional Property Contractor Regional Property Officer	Region Name:
C Regional Report-Only Access	Screener Code:
Region Name:	SIRS National Regional
FMS O National Office Regional Office Regional RD Office	TPMS
Contract Name:	Other
Section III – Authorizations	
Requesting Manager's Name:	Phone:
Signature:	
Point of Contact's Name:	
Signature:	Date:
Section IV – User Responsibilities	
responsibilities include:	e access of informational data created, acquired, or controlled by JCDC. These
Keeping User IDs and Passwords ConfidentialChoosing unique passwords	Informing POC of Job Function Changes
Choosing unique passwords	 Changing passwords as needed to maintain security

- Reporting violations or attempted violations to JCDC Technical 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

nature of information to which I may have access.

User Signature:

Form Updated: 8/2013

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

Date: