Contractor Staff User ID Request Form

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

Section I – General Information (All fields must be co	ompleted – 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	
Add New User Delete User/Remove Access Mo	odify/Reset/Reactivate Account
Employee Name:	Employee Title:
Organization:	
Department:	
Shipping Address: City:	
Remote Access Token Requested: Yes No Fax:	
Reason for Account Modification (if applicable):	
Section II – Requested Access	
Please select type of account(s) requested and the role:	JCRL Center Staff SSS - Center OA Agency NTC
CIS Contractor Corporate Staff ONTC Corporate Staff	Contractor SSS - Contractor CTS Agency
CTS CT Manager CT Coordinator CT Specialist	OASIS OA Manager OA Counselor Contract Name and Number: Address:
Agency Name and Placer Code:	City/State/Zip:
	Screener Code:
EPMS C Local Property Manager C Local Report-only Access	Mandatory Quality Control: O Yes O No Travel Approve: O Yes O N
Contract Name and Number:	SIRS Contractor
FMS Contractor Contractor Staff CCCC Agency CCC Staff Type of Access: View Only Edit/View All Edit/View Staff Vacancy Only	Details:
FTMS Contractor User	
Contract Name and Number:	
Section III – Authorizations	
Requesting Manager's Name:	Phone:
Signature:	Date:
Point of Contact's Name:	
Signature:	
Section IV – User Responsibilities	
It is the responsibility of the User to comply with the policies governing the a	access of informational data created, acquired, or controlled by JCDC. The
 responsibilities include: Keeping User IDs and Passwords Confidential 	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:

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

Date: