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:		Citrix User ID:
	requests, please enter the Staff ID No. if CDSS User IL	
Add New User	Delete User/Remove Access	Modify/Reset/Reactivate Account
	ogin for one of the CDSS Suite of Applications	
		Employer:
		Phone:
		y: State: Zip:
Remote Access Token Requested: Yes No Fax: E-mail:		
Section II – Req	uested Access	
	account(s) requested and the role:	
Citrix		JCRL Center Staff SSS - Center
CIS Center Staff OA Manager OA Control		OASIS OA Manager OA Counselor
CTS Center CTS Support Staff C CT Specialist		Contract Name and Number:
Agency Name and Placer Code:		Address:
EIS General		City/State/Zip:
EPMS CLocal Property Manager Local Report-only Access		Screener Code:
Contract Name and Number:		Mandatory Quality Control: O Yes O No Travel Approve: O Yes O No
		POCAdmin
Type of Access: View Only Edit/View All Cacancy Only		SIRS Center Administrator Center Basic User Center Read - Only
FTMS Center/Agency User		Other
	т	Details:
Section III – Au	thorizations	
Requesting Manager's Name:		Phone:
Signature:		Date:
Point of Contact's Name:		Phone:
Signature:		
	er Responsibilities	
It is the responsibility of responsibilities include:	the User to comply with the policies governing the	he access of informational data created, acquired, or controlled by JCDC. These
Keeping User IDs and Passwords Confidential Informing POC of Job Function Changes		
Choosing unique passwords Changing passwords as needed to maintain security		
	or attempted violations to JCDC Technical Assista	
	aware of and agree to comply with Job Corps' sec which I may have access.	curity policies and procedures pertaining to the proprietary and confidential

User Signature:

Form Updated: 9/2013

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

Date: