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| **Bureau Of Agency Services - I. T. M.** | | | | | | | | | | | | | | | | | | | | | |
| **EXTERNAL USER I. D. REQUEST FORM** | | | | | | | | | | | | | | | | | | | | | |
| **Please Print** | | | | | | | | | | | | | | | | | | | | | |
| To: Manager, Office of Information Technology Management | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | (Application Date) | | | | | | | |
| Type of Request: | New ID | | | | | Delete ID | | | Change ID | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| DCEO RACF User ID: |  | | | | | |  | | | |  | | | | | | | | | | |
|  | (not required for new I.D. Request) | | | | | | |  | | | | | | | | | | | | | |
| Access Requested For: |  | | | | | | | | | | | | | Phone Number: | | | | | | | |
|  | (name - PLEASE PRINT) | | | | | | | | | | | | |  | | | | | | | |
| Work Address:  City, State, ZIP: |  | | | | | | | | | | | | | | | LWA #: | | | | | |
|  | | | | | | | | | | | | | | |
| EMAIL: |  | | | | | | | | | | | | | | | | | | | | |
| DCEO Contact: | Matt Hillen | | | | | | | | | | | | | Phone Number: 312-835-2734 | | | | | | | |
| Request Access To: | |  | | | | | Request Access To: | | | | | | | | | | |  | | | |
| IMS / TSO HOST | | Access Type | | | | | IMS / TSO HOST | | | | | | | | | | | Access Type | | | |
| System / Application | | (Inquiry / Update) | | | | | System / Application | | | | | | | | | | | (Inquiry / Update) | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| GRS | |  | | |  |  |  | | | | | | | | | | |  | | |  |
| Digital Certificate ID (USER NAME) | | | |  | | | | | | | | | | | | | | | | | |
| Comment: Please assign a new user ID for this person. This is a new WIOA grantee who needs read/write access to GRS for grant reporting. The access should mirror Dan White’s access. | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Provide a brief explanation/justification for each system or application to which you are requesting access. Provide authorization from the appropriate Division Manager when access has been requested for a system supporting a Division other than the Division for which this User I.D. Has been requested. | | | | | | | | | | | | | | | | | | | | | |
| **DCEO Manager**: In signing this request, I am authorizing all charges incurred as a result of the establishment of this User I.D. To be charged to the appropriate funding source identified for the employee assigned this User ID. | | | | | | | | | | | | | | | | | | | | | |
| Should the person assigned this User I.D. leave your employment, it is your responsibility to notify I.T.M., via this form, to delete this User I.D. Failure to notify I.T.M. may result in unauthorized access to computer resources. | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Applicant Signature:** | |  | | | | | | | | | | | | | | **Date:** |  | | | | |
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| **For DCEO Use Only** | | | | | | | | | | | | | | | | | | | | | |
| **DCEO Manager Signature:** | |  | | | | | | | | | | | **Date:** | |  | | | **Program:** | |  | |
| **- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -** | | | | | | | | | | | | | | | | | | | | | |
| **For I.T.M. Use Only** | | | | | | | | | | | | | | | | | | | | | |
| I.T.M. Security Administrator: | | |  | | | | | | |  | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Authorization Approval: | | | | | | | | | | | | | | | | | | | | | |
| IMS/TSO ID Assigned | Processed by | | | |  | Date | System Access | | | | | | | | | Processed by | | Date | | | |
|  |  | | | |  |  | Sent to CMS | | | | | | | | |  | |  |  | | |
| Account Code Assigned |  | | | |  |  | Security Modified | | | | | | | | |  | |  |  | | |
|  |  | | | |  |  | User Notified | | | | | | | | |  | |  |  | | |