

DEFENSE CIVILIAN PAY SYSTEM (DCPS) PAYROLL OFFICE ACCESS FORM

PRIVACY ACT STATEMENT

AUTHORITY: Executive Orders 10450 and 9397 (SSN), Public Law 99-474, The Computer Fraud and Abuse Act (as amended), and 18 U.S.C. Section 1030 (as amended).

PRINCIPAL PURPOSE(S): To record names, signatures, and Social Security Numbers for the purpose of validating the trustworthiness of individuals requesting access to Department of Defense (DoD) systems and information.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: The DoD "Blanket Routine Uses" set forth at the beginning of DoD's compilation of systems of records notices apply to this system.

DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay, or prevent further processing of this request.

PART I. USER PERSONAL INFORMATION *(To be completed by Requestor)*

1. NAME <i>(Last, First, Middle Initial)</i>	2. EMPLOYEE ID <i>(SSN/LN #/SOFA #)</i>	3. AGENCY/MAJOR CLAIMANT AGENCY CODE: _____ MAJOR CLAIMANT CODE: _____
4. AFFILIATION <i>(If affiliation is Foreign National, provide country code)</i> <input type="checkbox"/> CIVILIAN (C) <input type="checkbox"/> CONTRACTOR (R) <input type="checkbox"/> MILITARY (M) <input type="checkbox"/> FOREIGN NATIONAL (F) COUNTRY CODE: _____		
5. DCPS SECURITY AWARENESS ONLINE COURSE COMPLETION CERTIFICATION <i>(IMPORTANT: New users must complete this course before requesting access)</i> <input type="checkbox"/> I have completed the DCPS Security Awareness Online Course. DATE (YYYY-MM-DD): _____		

PART II. USER ACCESS INFORMATION *(To be completed by the user or the user's supervisor/government sponsor.)*

6. DATABASE DESIGNATOR <i>(X all that apply for a payroll office and enter designator(s) in column 9. A different form must be submitted for each payroll office.)</i> <input type="checkbox"/> CPI <input type="checkbox"/> OMA <input type="checkbox"/> ZFA <input type="checkbox"/> ZFR <input type="checkbox"/> ZKA <input type="checkbox"/> ZKE <input type="checkbox"/> ZPA <input type="checkbox"/> ZPV <input type="checkbox"/> ZGT <input type="checkbox"/> ZLO <input type="checkbox"/> ZPB <input type="checkbox"/> ZPD <input type="checkbox"/> ZPH											
a. HOME ACTIVITY CODE	b. SITE ACTIVITY CODE	c. SITE INDICATOR CODE	7. PRINTER ID FOR REPORTS								

USER TYPE: N - Payroll Office (PRO) User

ACTION CODE <i>(Enter in Column 8):</i> A - Add C - Change D - Delete	AUTHORIZATION TYPE <i>(Enter in Column 10):</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> B - PRO Debt Technician E - PRO PDS Reconciliation Technician G - PRO TSP Technician H - PRO Health Technician K - PRO Technician (SF50 and non-SF50) M - PRO MER Clerk (non-SF50) </div> <div style="width: 30%;"> P - PRO Tables Maintenance R - PRO Retirement Clerk S - PRO Supervisor T - PRO T&A Clerk U - PRO Leave Buy Back Technician V - PRO View </div> </div>	
AUTHORIZATION NUMBER <i>(Enter in Column 11):</i> If Column 10 is K, M, or T, enter user's 3-digit pay block assignment. If any other codes, leave blank.		

8. ACTION CODE	9. DATABASE	10. AUTH TYPE	11. AUTH NO.	8. ACTION CODE	9. DATABASE	10. AUTH TYPE	11. AUTH NO.

USER AGREEMENT

I accept the responsibility for the information and DoD system to which I am granted access and will not exceed my authorized level of system access. I understand that my access may be revoked or terminated for non-compliance with DoD security policies. I accept responsibilities to safeguard the information contained in these systems from unauthorized or inadvertent modification, disclosure, destruction, and use. I understand that my use of the system may be monitored as part of managing the system, protecting against unauthorized access and verifying security problems. I will ensure system media and output are properly marked, controlled, stored, transported and destroyed based on sensitivity and need-to-know. I will report all DCPS IA-related suspicious threats and vulnerabilities to the appropriate organization. I have completed a U.S. Government background investigation equal with the level of access granted. I will use strong passwords, protect workstation, and not leave my CAC card or other authentication device unattended. I will keep my security training current. I agree to notify the appropriate organization that issued my account(s) when access is no longer required.

12. USER'S SIGNATURE	13. DATE (YYYY-MM-DD)
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14. SUPERVISOR APPROVAL *(Completed by user's supervisor or government sponsor)*

a. CERTIFICATION OF NEED-TO-KNOW <input type="checkbox"/> I certify that this user requires access as requested in block 13 of the user's DD Form 2875.			
b. SUPERVISOR/GOVERNMENT SPONSOR'S FULL NAME	c. SIGNATURE	d. DATE (YYYY-MM-DD)	

IMPORTANT: Submit this form with the user's DD Form 2875, "System Authorization Access Request (SAAR)".

DEFENSE CIVILIAN PAY SYSTEM (DCPS) PAYROLL OFFICE ACCESS FORM

INSTRUCTIONS FOR REQUESTING INITIAL ACCESS RIGHTS

IMPORTANT: Make sure this form is submitted with the user's DD Form 2875, "System Authorization Access Request (SAAR)".

PART I. USER PERSONAL INFORMATION

BLOCK 1. Enter user's last name, first name, middle initial, and suffix (if applicable).

BLOCK 2. Enter user's Social Security Number (SSN), local national (LN) number, or Status of Forces Agreement (SOFA) number.

Foreign nationals MUST provide the number assigned to them to work on the base.

BLOCK 3. Enter user's agency code and major claimant code. (Section H1 of DCPS User Manual contains a list of agency and major claimant codes.)

BLOCK 4. Enter an **X** in the box to the left of user's affiliation. If affiliation is "Foreign National", you **MUST** enter user's 2-character country code in the space provided. (Section G of DCPS User Manual contains a list of country codes.)

PART II. USER ACCESS INFORMATION

BLOCK 5. Place an **X** in the box to the left of statement and then enter the date the new user completed the DCPS Security Awareness Online Course.

BLOCK 6. Place an **X** in the box to the left of each database within a payroll office that the new user will be accessing.

(IMPORTANT: A separate DCPS Payroll Office Access Form must be submitted for each payroll office for which the new user will provide service.)

BLOCK 7. Enter identification number of printer where requested or automatically generated DCPS reports will print.

BLOCK 8. Enter **A** to add authorization type and authorization number within a database for accounts the new user will access.

(Repeat for each database and for each authorization type and number.)

BLOCK 9. Enter appropriate database designator.

BLOCK 10. Enter one of the following authorization types: (Repeat for each database and for each authorization type and authorization number.)

- B** - PRO Debt Technician. Accesses Main Menu: Employee Data Menu (non-SF50), Pay Adjustments Menu, On-Line Inquiries Menu (non-SF50), W-2 Main Menu, Debt Collection Menu.
- E** - PRO PDS Reconciliation Technician. Accesses Main Menu: Employee Data Menu - Personnel (SF50), Employee Data Menu (non-SF50), On-Line Inquiries Menu, Debt Collection Menu.
- G** - PRO TSP Technician. Accesses Main Menu: Employee Data Menu - Personnel (SF50), Employee Data Menu (non-SF50), Pay Adjustments Menu, On-Line Inquiries Menu, W-2 Main Menu, Debt Collection Menu.
- H** - PRO Health Technician. Accesses Main Menu: Employee Data Menu - Personnel (SF50), On-Line Inquiries Menu, Debt Collection Menu.
- K** - PRO Technician (SF50 and non-SF50). Accesses Main Menu: Employee Data Menu - Personnel (SF50), Employee Data Menu (non-SF50), Time and Attendance Menu, Pay Adjustments Menu, Leave Menu, On-Line Inquiries Menu, As-Required Reports Menu, W-2 Main Menu, Debt Collection Menu.
- M** - PRO MER Clerk (non-SF50). Accesses Main Menu: Employee Data Menu (non-SF50), Time and Attendance Menu, Pay Adjustments Menu, Leave Menu, On-Line Inquiries Menu, Debt Collection Menu.
- P** - PRO Tables Maintenance. Accesses Main Menu: On-Line Inquiries Menu, Payroll Office Tables Maintenance Menu, Payroll Office Tables Reports Menu.
- R** - PRO Retirement Clerk. Accesses Main Menu: Pay Adjustments Menu, On-Line Inquiries Menu, As-Required Reports Menu, Retirement Menu, Debt Collection Menu.
- S** - PRO Supervisor. Accesses all Main Menu options.
- T** - PRO T&A Clerk. Accesses Main Menu: Time and Attendance Menu, On-Line Inquiries Menu, Debt Collection Menu.
- U** - PRO Leave Buy Back Technician. Accesses Main Menu: Time and Attendance Menu, On-Line Inquiries Menu, Debt Collection Menu.
- V** - PRO View. Accesses Main Menu: On-Line Inquiries Menu.

BLOCK 11. Enter user's 3-digit pay block assignment if authorization type is **K**, **M**, and/or **T**; otherwise, leave blank. **NOTE:** User may not have **K**, **M** and/or **T** authorization types for the same pay block number. (Repeat for each database and for each authorization type and authorization number.)

BLOCKS 12 and 13. Sign and date the form.

BLOCKS 14a through 14d. User's supervisor or government point of contact should place an **X** in the box to the left of the statement, print his or her name, and then sign and date the form.

INSTRUCTIONS FOR REQUESTING MODIFICATION TO ACCESS RIGHTS

BLOCKS 1 through 7 and 12 through 14. Complete as directed in the Instructions for Requesting Initial Access Rights section above.

BLOCKS 8 through 11. Add, change, and delete authorization types and numbers as required (See Instructions for Requesting Initial Access Rights section above for assistance in completing these blocks.)