

APPLICATION FOR ACCESS TO OPM SYSPLEX SYSTEM



United States
Office of
Personnel Management

Logonid

- New Userid
 Existing Userid

FOR COMPLETION BY APPLICANT

1. Applicant's Name (Last, First, Middle Initial) EMAIL: _____ 3. Social Security Number (5 zeros and last 4 digits) 000-00-_____ 5. OPM Program Group/Office/Division/Branch/Contractor**		2. Phone Number _____ 4. Duty Location <input type="checkbox"/> 1900 E. Street, NW, Room # _____ <input type="checkbox"/> Pittsburgh, PA <input type="checkbox"/> Boyers, PA <input type="checkbox"/> Macon, GA <input type="checkbox"/> Region/Field Office: _____ (specify) DEPT AGCY POI
6. DCCS No.	7. Dept. Code	8. RIS Administrative Group :
9. I will need access to the following mainframe region(s) – Check all regions that apply: RIS Platform : ___ CICS Production ___ CICS Test ___ TSO Production ___ TSO Test Admin. Platform : ___ CICS Production ___ CICS Tact ___ CICS Test ___ TSO ___ Adabas Production ___ Adabas Tact ___ Adabas Test		** Contractors to OPM must complete items below: Company Name: _____ Contract Expiration Date: _____

Item 10 to be Completed by RIS Security Officers ONLY!!!!

10. Please list all RIS Function Group(s) user should be connected to: _____

11. Special Access Requirements:
 ___ Agency Code- Agency Name - _____
 ___ CPDF Electronic Feedback Project Group – CPDFXXG _____
 ___ OMVS Segment required _____

12. Dataset Access:

<u>Dataset Name</u>	<u>Group/UID</u>	<u>Read</u>	<u>Update</u>	<u>Alter</u>	<u>Control</u>	<u>Data Owner's Approval</u> <i>(Signature & Date)</i>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Mark Item 13 for Access to Administrative Application Systems.
Forward this form to the proper security officer for approval. (see page #3)

13. Mark your access request for the following ADMINISTRATIVE Application Systems as follows:

N – new access requested, **C** - current access to be retained, **R** – remove access application, no longer required.

APPLICATION SYSTEM NAME (Enter N/C/R for each entry.) If left blank, R is applied.	FUNCTIONAL GROUPS Do NOT Mark This Column (For Security Only)	APPLICATION SECURITY OFFICER-S APPROVAL (signature & date) see page 3		SECURITY ADMINISTRATOR'S SIGNATURE Do NOT Mark This Column (For Security Only)
<input type="checkbox"/> C-Track	CTRACKFG/ADASYSG			
<input type="checkbox"/> Control-D (DOLV)	OTADMFG			
<input type="checkbox"/> FAMIS/ADPICS/TRIPS (circle app. System)	REQD – FAMISFG + ADPICSFG/TRIPSFG	OPSID		
<input type="checkbox"/> ILDRS	ILDRSFG / ADASYSG			
<input type="checkbox"/> OPM Payroll System & Work Reporting (OWRS)	TKIDFG / WRKRPF ADASYSG	TKIDS		
<input type="checkbox"/> PUDS	PUDSFG / ADASYSG			
<input type="checkbox"/> PMIS	PMISFG / ADASYSG			
<input type="checkbox"/> USER/LOOKUP	HUERFG / ADASYSG			
<input type="checkbox"/> Work Reporting Only ONLY	WRKRPF / ADASYSG			

FOR Security Administrators USE ONLY

LOGONID Assigned X	Owner Group: OWIGRP	Default Group: CPDFXXG	TSOAUTH: Y N TSOPROC:
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Processing Remarks and Additional Connections:

UID - _____ Home - _/tmp Program - /bin/echo

Pswd. Pkg. Sent: _____ (Date)

COMPUTER USE/ID AND PASSWORD DISCLOSURE STATEMENT:

I understand that my ID and password are for my use only. I agree to protect my password from disclosure by all reasonable means, and not to willingly divulge it or allow its use by any other persons. If I believe that another person has learned my password, I will notify my supervisor immediately.

I also understand that the use of OPM systems in the Washington Technology Center of OPM in Washington, DC, for private use is prohibited and that such use may result in administrative action or other appropriate legal action.

APPROVALS (Include typed or printed titles)

Signatures/Titles	Dates	Signatures/Titles	Dates
14. Applicant		16. Security Officer (if applicable)	
15. Immediate Supervisor		17. WTC Security Administrator	