



# FPPS Application Access Request

## USER INFORMATION

REQUEST DATE: \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_ NASA \_\_\_\_\_ CONTRACTOR: \_\_\_\_\_

NAME (LAST, FIRST, MI): \_\_\_\_\_ SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MAIL CODE: \_\_\_\_\_ CENTER: \_\_\_\_\_

CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

STATE, ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### USER TYPE:

\_\_\_\_ REQUESTING OFFICE      \_\_\_\_ SPO-PAYROLL      \_\_\_\_ SPO-HR      \_\_\_\_ CONCURRENTER

### REPORTING:

TYPE OF DATAMART ACCESS REQUESTED:

\_\_\_\_ QUICKVIEW (RUN, VIEW, REQUESTED:)

\_\_\_\_ INSIGHT (MODIFY QUERIES, RUN, VIEW, PRINT)

JUSTIFICATION FOR INSIGHT ACCESS: \_\_\_\_\_

\_\_\_\_\_

OPERATING SYSTEM:

\_\_\_\_ MAC\*      \_\_\_\_ PC (\*ALL MAC USERS WILL BE GIVEN QUICKVIEW ACCESS)

## PRIVACY ACT STATEMENT

Title 5, U. S. Code, authorizes solicitation of this information. The primary use of this information is by the Office of Chief Financial Officer. Additional disclosures of this information may be to the Department of Interior, National Business Center for the administration of FPPS and/or for audit purposes; and to Federal, State, or local law enforcement agencies when your agency becomes aware of a violation or possible violation of civil or criminal law. If your agency uses the information on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may prevent action on the application.



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## REQUEST INFORMATION AND SIGNATURES

TYPE OF REQUEST:

\_\_\_ NEW                      \_\_\_ DELETE                      \_\_\_ REVISE

FOR REVISIONS, PLEASE LIST THE USER TYPE AND/OR REPORTING ACCESS TO BE CHANGED:

SIGNATURES:

_____	_____
IMMEDIATE SUPERVISOR	DATE
_____	_____
CENTER ADMINISTRATOR	DATE
_____	_____
AGENCY ADMINISTRATOR	DATE

## USER ACCESS AGREEMENT

Unauthorized use of the computer accounts and computer resources to which I am granted access is a violation of Section 799, Title 18, US Code; constitutes theft; and is punishable by law. I understand that I am the only individual to access these accounts and will not knowingly permit access by others without written approval. I understand that my misuse of assigned accounts, and my accessing others' accounts without authorization is not allowed. I understand that this/these system(s) and resources are subject to monitoring and recording. I further understand that failure to abide by these provisions may constitute grounds for termination of access privileges, administrative action, and/or civil or criminal prosecution. I will not share my USERID or divulge my password to anyone. I understand I must log-on to the system regularly to retain system access, and I will notify the FPPS SPOC when I no longer need access. I will change my password in accordance with system guidelines.

The FPPS System is for the use of authorized users only. By accessing and using the FPPS System you are consenting to system monitoring, including the monitoring of keystrokes. Unauthorized use of, or access to, the FPPS System may subject you to disciplinary action and criminal prosecution.

BY SIGNING THIS FORM, I AGREE TO ABIDE TO THE ABOVE LISTED TERMS OF USER ACCESS.

USER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_