

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
INFORMATION TECHNOLOGY DIVISION

**APHIS DATA CENTER
ACCESS CONTROL FORM**

INSTRUCTIONS: Federal employee supervisors, Contracting Officer Technical Representatives (COTRs), and APHIS liaisons will complete this form and forward it to APHIS Computer Room Managers within 14 days of required access to Data Centers, employee or contractor termination, or cessation of work for which access was required.

SECTION I - PERSON REQUIRING ACCESS

1. REQUESTOR NAME <i>(last, first, middle initial)</i>		2. DATE OF REQUEST
3. TELEPHONE NUMBER <i>(including area code)</i>	4. EMAIL ADDRESS	
5. EMPLOYER <i>(select only one)</i> <input type="checkbox"/> APHIS <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER	6. TYPE OF REQUESTED ACCESS <i>(select only one)</i> <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY/EMERGENCY <i>(must complete Item 10)</i>	
7. DATA CENTER(S) TO WHICH ACCESS IS REQUESTED <i>(include location names)</i>	8. ACTION REQUESTED <i>(select only one)</i> <input type="checkbox"/> ESTABLISH NEW ACCESS ACCOUNT <input type="checkbox"/> MODIFY ACCESS ACCOUNT <i>(complete Item 9)</i> <input type="checkbox"/> TERMINATE ACCESS ACCOUNT	
9. INSTRUCTIONS FOR ACCESS MODIFICATION <i>(if applicable)</i>	10. DURATION/HOURS OF REQUESTED ACCESS <i>(if requesting temporary/emergency access, specify termination date and hours of requested access, e.g. business hours, evenings, weekends, etc.)</i>	
ITEMS 11 THROUGH 14 TO BE COMPLETED IF REQUESTOR IS NOT AN APHIS FEDERAL EMPLOYEE		
11. NAME AND ADDRESS OF EMPLOYER <i>(company or Federal/State/local agency)</i>	12. SUPERVISOR <i>(name, title, telephone number)</i>	
13. CONTRACT NUMBER <i>(if applicable)</i>	14. APHIS LIAISON <i>(name, agency or office, telephone number)</i>	
15. REASON FOR ACCESS <i>(describe the nature of the tasks being performed by the requestor)</i>		

SECTION II - AUTHORIZING OFFICIAL

(federal employee supervisor, COTR for contractor, or an authorizing APHIS liaison for other)

16. NAME, TITLE, AGENCY	17. SIGNATURE	18. DATE
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SECTION III - APHIS COMPUTER ROOM MANAGER

(SPECIAL INSTRUCTION: If multiple Data Centers are listed in Item 7, a copy of this completed form will be forwarded to each Computer Room Manager.)

19. NAME, TITLE, DATA CENTER	20. SIGNATURE	21. DATE
22. ACTIONS TAKEN		