

SYSTEM ACCESS REQUEST FORM

(Field Access Only)

General Information

Name: _____ SSN (last 4): _____ Email Address: _____
(LAST, FIRST, MI)
User ID#: _____ Title & Grade: _____
(eg., APxxxx)
Program Unit: _____

ACTION REQUESTED

ADD/CREATE ACCOUNT

MODIFY ACCOUNT

DELETE ACCOUNT

Reporting Center Access

I request access to the following NFC Reporting Center Reports and Organization Structure

Organization Structure to which you require access:

Personnel Action Reports

Workforce Profile Reports

Administrative Reports**

**T&A contact point number(s) is required to obtain access to Administrative Reports

T&A Rpts

T&A Contact Point number(s):

Leave Error Report

T&A Error Analysis

T&A Missing Personnel Actions

T&As not received by NFC

SUPERVISORY APPROVAL

I concur with the access requested for the above named employee.

Supervisor's Printed Name _____

Date: _____

Supervisor's Signature (electronic signature is acceptable) _____

Note: Submission of this form also requires the user to complete and submit

HRO 135 – NFC Sensitive Data Security Agreement

*******Submit completed form(s) to: HR.system.Access@aphis.usda.gov*******

SECURITY OFFICER INFORMATION

Security Officer's Name: _____

Date Received: _____

Date Submitted to NFC: _____

Remedy Number: _____

Date Returned from NFC: _____

Date Employee Notified of Access: _____

Remarks: