

MyWorkplace User Account Request PRIVACY ACT STATEMENT

Public Law 99-474 (Counterfeit Access Device and Computer Fraud and Abuse Act of 1984) and Public Laws 93-579 (Privacy Act of 1974), authorizes collection of this information. The information will be used to verify that you are an authorized user of a Government automated information system (AIS) and/or to verify your level of Government security clearance. Although disclosure of the information is voluntary, failure to provide the information may impede or prevent the processing of your requested User Account. Disclosure of records or the information contained therein may be specifically disclosed outside the DoD according to the "Blanket Routine Uses" set forth at the beginning of the DISA compilation of systems of records, published annually in the Federal Register, and the disclosures generally permitted under 5 U.S.C.552a(b) of the Privacy Act.

Description for Use: Form used to request access to the Defense Civilian Personnel Data Systems (DCPDS) for individuals supervising civilian employees. **NOTE:** Users will not be creating Requests for Personnel Actions in MyWorkplace.

| | | | |
|---|--|---|--|
| TYPE OF REQUEST: | <input type="checkbox"/> Add <input type="checkbox"/> Replaces: | <input type="checkbox"/> Modify <input type="checkbox"/> Name Change <input type="checkbox"/> Other (explain): | <input type="checkbox"/> Delete/End Date Reason: |
| Identify blocks being changed with an Asterisk | | | |

Section 1. This section to be completed by Requester

| | | | | |
|---|--------------------|--|---------------------------------------|--|
| Full Name (Last, First, MI) <i>No Nicknames.</i> | | Military Title, if applicable | Check the applicable status: | |
| | | | <input type="checkbox"/> Civ Employee | <input type="checkbox"/> LN Employee |
| | | | <input type="checkbox"/> Military | <input type="checkbox"/> Other, specify: |
| SSN: | DOB: (DD-MMM-YYYY) | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Position Title: | |
| Agency Group (e.g. NV70): | | NMCI Machine Name: | | |
| Activity Name: Commander, Navy Installations Command | | UIC: | Organization Code: | |
| Work Mailing Address: | | Phone (Including Area Code): | DSN: | |
| | | Fax: | | |
| Email Address: | | | | |

I assume the responsibility for the data and system to which I am granted access. I will not exceed my authorized access. I understand my obligation to protect my personal password to the system.

(Requestor's Printed Name) _____ (Requestor's Signature) _____ (Date) _____

I certify this user requires access as requested in the performance of his/her job function.

(Activity Representative/Appointing Officer Printed Name) _____ (Activity Representative/Appointing Officer Signature) _____ (Date) _____

Section 2. This section to be completed by servicing HRO

I certify this user requires access as requested in the performance of his/her job function.

(HRO Advisor's Printed Name) _____ (HRO Advisor's Signature) _____ (Date) _____

Section 3. For HRSC use only

| | |
|---|--|
| USER ID: | Position No./Virtual Position No.: |
| _____ PD Built _____ Ext user built _____ PD attached to ext user | _____ My Workplace account built _____ emailed login to user |