

HRO ID:

# MODERN DCPDS USER ACCOUNT REQUEST

Instructions for completing this form are shown on next page

New Account       Modify Existing Account       Inactivate Account

**USER INFORMATION (USER MUST COMPLETE):**

Name (Last, First MI) Check the choice that applies:  
 Civilian Employee    Gov't Contractor    Military

SSN:      PP/Series/Grade:      Position Title:

Activity Name:      Activity Code:      Organization Code:

City of Birth for Password Reset Authentication:

Work Mailing Address:      Phone (Include Area Code and DSN)      Email Address:  
FAX:

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 MDCPDS system.  
Requester's Signature:      Date:

I certify this user requires access as requested in the performance of his/her job function.  
Supervisor:      Date:      HRO POC:

**HRO INFORMATION (HRO REPRESENTATIVE MUST COMPLETE INFORMATION BELOW)**

User Inbox Requirements (check one):  
 User will not share an Inbox  
 User will share an inbox with the following individuals: (give names in boxes at right)

Proposed Group Inbox Title(s):

**USER OPTIONS: Please check all the following options that apply to this user:**

Personnelist in HROC       Initiate RPA's       Administrative Support  
 Personnelist in HRO       Sign RPA as Requesting Offcl       Resource/Business Manager  
 Manager/Supervisor       Sign RPA as Authorizing Offcl       Is a Classifier/Has Class Auth  
 Writes Posn/Job Descriptions       Approves RPA's (HR) Only       Review RPA's only

PRINTER IP ADDRESS/NAME:

SYSTEM ACCESS REQUIRED:       MDCPDS       CSU APPLICATION       COREDOC

USER ACCESS TO PERSONNEL RECORDS:  
 No restrictions – User should view all records in database (available at HROC only)  
 Limited Access – User should view records with the following limitations:

LIMIT USER ACCESS TO THE FOLLOWING ACTIVITIES:

LIMIT USER ACCESS TO THE FOLLOWING ORGANIZATIONS:

HRO PSM:      Signature:

**PRIVACY ACT STATEMENT**

Public Law 99-474, the counterfeit Access Device and Computer Fraud and Abuse Act of 1984, authorized 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 Modern DCPDS User Account Request. Disclosure of records or the information contained therein may be specifically disclosed outside the DOD according to the "Blanket routine Uses" set for 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.

## MDCPDS USER ACCOUNT REGISTRATION INSTRUCTIONS

To complete the Modern DCPDS User Account Request form:

- 1) Are you adding a new account, modifying an existing account or inactivating an existing account? Select one
- 2) Enter the User's **Last name, First name, Middle Initial (MI)** into the appropriate blocks.
- 3) Enter the User's **Social Security Number (SSN)** in the appropriate block. (Note: Do not enter dashes (e.g., 123456789))
- 4) If the user is military, enter rank in the PP/Series/Grade block. (e.g., CDR, CAPT, LTCOL, etc).
- 5) Type of User: **Civilian Employee, Gov't. Contractor, Military**. Select one.
- 6) **Position Title**: Enter the user's current position title or billet designation.
- 7) **Activity Name**: Enter the name of the user's Activity.
- 8) **Organization Code**: Enter the user's organizational code.
- 9) **Location/Bldg#**: Enter the user's office location (optional).
- 10) **Activity Code**: Enter the two character Activity code of the user's activity.
- 11) **Mother's Maiden Name**: Enter the user's mother's maiden name. This data will be used only to verify password receipt.
- 12) **Mailing Address**: Enter the user's command or activity mailing address.
- 13) **Phone**: Enter the users work telephone number (including area code).
- 14) **DSN Prefix**: Enter the user's DSN phone number.
- 15) **FAX Number**: Enter the user's FAX number.
- 16) **Email Address**: Enter the user's Internet email address.
- 17) **Printer IP Address**: Leave blank. This information will be filled in at HRO.
- 18) **User Inbox Requirements**: Select only one; either "User will not share an inbox" (i.e., User will only have access to a personal inbox and not to a group inbox) or "User will share an inbox with the following individuals" (i.e., user, will also have access to one or more group inboxes).
- 19) If "User will share an inbox" is checked, indicate in one or more of the appropriate blocks, **the names of the other users sharing the group inbox(es)**.
- 20) If "User will share an inbox" is checked, also indicate the **proposed routing title of the group (shared) inbox(es)**.
- 21) **User Options (Roles and Responsibilities)**: Select any responsibilities that apply to the user (e.g., Manager/Supervisor, Personnelist in HRO, etc.) and any roles that also apply to the user (e.g., Initiate RPA's, Sign RPA as Requesting Official etc.)
- 22) **Functional Access requirements**: Select all programs that are required by the user (e.g., MDCPDS, Reports/Business Objects, COREDOC, Etc.).
- 23) **Organizational (View Access requirements)**: Leave blank; this area will be filled out by HRO.
- 24) The name of the user should be entered in the "**Requester's signature**" block for the Requester certification. Enter a certification date in the appropriate block.
- 25) The name of the user's supervisor should be entered in the "Supervisor Signature" block for the Supervisor's certification. Enter a certification date in the appropriate block.

**Note:** Only a printed copy signed by the appropriate people and sent through your PSM who will then mail it to DLA HROC, Attn: Kathy Carson, 3990 E. Broad St. Bldg. 11, Sect 4, Columbus, OH 43213 will be accepted. Sorry, we can not accept faxed registrations forms for Modern DCPDS.