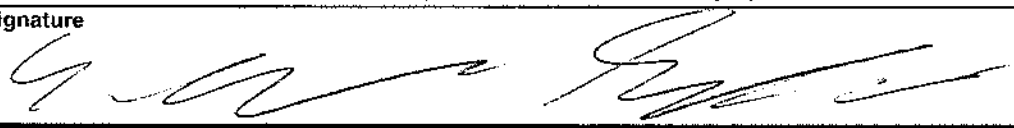


Concur Government Edition (CGE) Access Request Form

* All fields must be completed

1. Type of Access Request* (select only one)					
<input checked="" type="checkbox"/> Add User <input type="checkbox"/> Revise Current User (i.e., name change, office change, additional user roles)					
2. Requestor Information					
a. Name* (As it appears on your photo identification you will present to airport security)				b. Email Address*	c. Work Phone* (enter numbers only)
First	Middle	Last	Suffix		
Eric	M	Schles		eric.schles@gsa.gov	516 578 9423
d. Correspondence/ Office Symbol*		e. Employee/Vendor ID* (Not required for contractors)			
XFDB		E00644435			
f. User Roles* (select all roles needed)					
<input checked="" type="checkbox"/> Traveler <input type="checkbox"/> Travel Arranger <input type="checkbox"/> Travel Approver <input type="checkbox"/> Super User <input type="checkbox"/> View Only Auditor (OIG Staff Only)					
g. User Type* (select only one)					
<input checked="" type="checkbox"/> GSA Employee <input type="checkbox"/> Invitational Traveler <input type="checkbox"/> Contractor <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Virtual					
3. Requestor - Certification and Signature*					
I certify that I have read the GSA IT Security Rules of Behavior and have taken the Mandatory IT Security Awareness Training/ Privacy Act Training. I agree to protect the confidentiality of my User ID and password and to not share these with any other individuals. I will exercise care to protect all system assets while performing my duties.					
Signature 					Date 9/9/2016
4. Supervisor - Certification and Signature*					
I certify that the work duties of this requestor align with the need for access to the above-indicated system and that the Mandatory IT Security Awareness Training/Privacy Act Training has been completed.					
Printed Name		Signature		Work Phone (enter numbers only)	Date