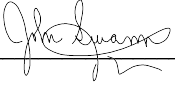# U.S. Department of Health and Human Services (HHS)
Office of Acquisition Business Systems (OABS)
Departmental Contract Information System (DCIS)
Access Request Form

This form must be filled in on the computer or legibly handwritten.

SECTION 1: User Information		
Last Name:	**First Name:**	**Middle Initial:**
Federal HHS Employee? Yes No	**FED ONLY**	
Position Title:	**Employee ID:**	**Org Code(s):**
Phone #: **Email:**	**OpDiv:**	
Term of Service End Date:	**Address:**	

SECTION 2: User Role (select ONE)	
Executive	System Administrator
Program Manager	Database Administrator (DBA)
Contract Officer	Developer
Contract Specialist	Analyst
Budget Approver	Vendor

SECTION 3: Access Type (select all that apply)	SECTION 4: Action Type (select ONE)
Accelerate Application Other:	New User
GitLab	Modify Current Access
Legacy System Data	Re-activate Access
Accelerate System	Delete Access

SECTION 5: User Agreement

By signing this request, the employee's supervisor agrees the requested access is required for the employee's position of record.   User's Agreement

I have read the HHS Rules of Behavior (HHS RoB), version HHS-OCIO-2013-0003S, dated July 24, 2013 and understand and agree to comply with its provisions. I understand that violations of the HHS RoB or information security policies and standards may lead to disciplinary action, up to and including termination of employment; removal or debarment from work on Federal contracts or projects; and/or revocation of access to Federal information, information systems, and/or facilities; and may also include criminal penalties and/or imprisonment. I understand that exceptions to the HHS RoB must be authorized in advance in writing by the OPDIV Chief Information Officer or his/her designee. I also understand that violation of laws, such as the Privacy Act of 1974, copyright law, and 18 USC 2071, which the HHS RoB draw upon, can result in monetary fines and/or criminal charges that may result in imprisonment.

I have signed the HHS NDA and completed the Annual IT Security Awareness Training.

Public Trust Level 6. *(Only for those requesting System access with ability to make changes to the data and system)*

User Signature _____   **Date (mm/dd/yyyy)** _____

SECTION 6: User's Supervisor Approval

Supervisor Name (Print) _____   **Supervisor Title** _____

Supervisor Signature _____   **Date (mm/dd/yyyy)** _____

SECTION 7: Security Officer Approval

Authorizaton is approved for the requester identified above to obtain the privliedged roles identified above.

I have confirmed that the requester has signed an HHS NDA, HHS RoB, and completed the Annual IT Security Awareness Training.
I have confirmed that the requester has submitted their request for Public Trust Level 6. *(Only required for those requesting System Access)*

Security Officer Name (Print) _____

Security Officer Signature _____   **Date (mm/dd/yyyy)** _____

SECTION 8: System Owner Approval

System Owner Name (Print) _____

System Owner Signature _____   **Date (mm/dd/yyyy)** _____