

Development Information Solution			
System Access Request Form			
<b>AUTHORITY</b>		50 U.S.C 402 (Note), E.O. 12333	
<b>PURPOSE</b>		To allow the Agency to manage information pertaining to the User's PRINCIPAL Account.	
<b>ROUTINE USE</b>		Dissemination within the U. S. Agency for International Development.	
<b>DISCLOSURE OF INFORMATION</b>		Disclosure of this information is voluntary.	
<b>EFFECTS OF NOT PROVIDING</b>		Failure to provide information requested could result in the inability of the Agency to provide the USER with a user account.	
Type of Request		Date (YYYYMMDD)	Mission Location
<input type="checkbox"/> Initial	<input type="checkbox"/> Modification		
<b>Part I - USER INFORMATION</b> <i>(To be filled out by requestor)</i>			
1. Name (Last, First Middle Initial)		4. Work Telephone Number	
2. Organization		5. USAID OR Login.gov E-Mail Address	
3. Bureau / Office / Division		6. Designation of Person	
		<input type="checkbox"/> USAID Employee <input type="checkbox"/> Implementing Partner	
7. Contract/Award Name			
8. Contract/Award Expiration Date (YYYYMMDD)			
9. Justification: <i>Roles and privileges are selected in Section 19 and 20 below.</i>			
10. TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS <i>(Complete as required for user or functional level access.)</i>			
<input type="checkbox"/> I have completed Cyber Awareness Training.			
<input type="checkbox"/> I have completed or will complete the required DIS user training.			
11. User Signature:		Date (YYYYMMDD)	
			
<b>Part II - ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR</b> <i>(If individual is a contractor - provide company name, contract number, and date of contract expiration in Block 12a.)</i>			
12. Supervisor // Sponsor // A/COR Name		14. Date (YYYYMMDD)	
13. Supervisor Signature			
15. Supervisor's Bureau / Office / Division		15a. Supervisor E-Mail	
15b. Work Telephone Number			
16. Signature of System Owner (or designee)		16a. Bureau / Office / Division	16b. Phone
		16c. Date (YYYYMMDD)	

**Part III - Rules of Behavior** (To be filled out by requestor)

- ☐ 17. I agree to abide by this agreement knowing that any violation of established USAID policy, procedures or guidelines may result in removal of access, administrative action, civil or criminal prosecution, or termination of employment

**Rules of Behavior**

1. The USER agrees to abide by all USAID policies, procedures, and guidelines to protect USAID computer systems from misuse, abuse, loss, or unauthorized access.
2. The USER agrees to process only unclassified information.
3. The USER agrees to protect his/her unique user ID and password. Should the USER suspect compromise of his/her password or user ID, he/she will report the suspected compromise to the DIS Help Desk. The USER will change his/her password immediately upon suspicion of compromise.
4. The USER will NOT share user IDs or passwords. Writing down a user ID or password for personal use is PROHIBITED.
5. The USER agrees NOT to enter his/her user ID or password in a file or record maintained in any automated system.
6. The USER agrees to LOG OFF at any time the USER's terminal will be unattended by the USER.
7. The USER agrees to give immediate notification to the DIS Help Desk when there is a change in the employee status eliminating the need to perform certain roles and/or when access to DIS is no longer required.
8. The USER agrees to access only those roles within DIS for which access authorization by USAID was granted.
9. The USER agrees that information acquired from access to a Federal computer system may not be used for personal gain, profit, or publication or provided to any non-Federal organization without the PRIOR written approval of the USAID General Counsel.

18. Name (Last, First Middle Initial)

18a. User Signature

19. Roles Requested: *If USAID user, select the role and associated privileges requested. If External User (IP) only select IP and fill in activities.*

☐ Implementing Partner      Activities requested:

☐ Internal USAID Roles (Select a Role and Privilege(s) below. Note: Not all Privileges are available for all Roles)

19a. USAID Role(s) Requested

19b. USAID Privileges Requested

- ☐ OU System Manager
- ☐ OU Activity Manager
- ☐ OU Manager
- ☐ OU Viewer
- ☐ OU Project Manager
- ☐ GIS Specialist

- ☐ Enterprise Administrator (Washington based only)
- ☐ Application Administrator (Washington based only)
- ☐ Enterprise Viewer (Washington based only)
- ☐ Developer (Washington based only)

- ☐ All
- ☐ Budget Monitoring and Planning
- ☐ M&E
- ☐ A&A Plan
- ☐ A&A Plan Edit
- ☐ A&A Plan Publish

## Instructions

**A. PART I:** The following information is provided by the user when establishing or modifying their USER ID.

- (1) Name. The last name, first name, and middle initial of the user.
- (2) Organization. The user's current organization (i.e. USAID, other government agency or commercial firm).
- (3) Bureau / Office / Division. The office symbol within the *current* organization (i.e. M/CIO).
- (4) Work Telephone Number. The work phone of the user.
- (5) Work E-mail Address. The user's official e-mail address. Partner users *MUST* provide the same email as used for login.gov
- (6) Designation of Person. USAID Employee means USAID Badged. Implementing Partner is all other users.
- (7) Contract/Award Name. Name of the contract or award of the Implementing Partner.
- (8) Contract/Award Expiration Date: End date of the Implementing Partner's award
- (9) Justification. A brief statement is required to justify establishment of an initial USER ID. Provide appropriate information if the USER ID or access to the current USER ID is modified.
- (10) Training and Awareness Certification Requirements. User must indicate if he/she has completed the Annual Cyber Security Awareness Training and required DIS training.
- (11) User Signature. By signing, the requestor understands that they are responsible and accountable for their access to the system.

**B. PART II:** The information below requires the endorsement from the user's Supervisor and/or the Government Sponsor.

- (12) Supervisor, Sponsor, or A/COR Name. (Must be a USAID Direct Hire or PSC) The supervisor or representative prints his/her name to indicate that the above information has been verified and that access is required.

- (13) Supervisor's Signature. Supervisor's signature is required by the endorser or his/her representative.

- (14) Date. Date supervisor signs the form

- (15) Supervisor's Bureau / Office / Division. Supervisor's Bureau, Office, Division (i.e. M/CIO)

- (15a) E-mail Address. Supervisor's e-mail address.

- (15b) Work Telephone Number. Supervisor's telephone number

- (16) Signature of System Owner (or designee). The System Owner or functional appointee responsible for approving access to the system being requested.

- (16a) Bureau / Office / Division. SO or Appointee's Bureau, Office, Division (i.e. M/CIO)

- (16b) Work Telephone Number. SO or Appointee's telephone number.

- (16c) Date. The date the SO or Appointee signs the form.

**C. Part III:** The information below is the user acknowledging the USAID Rules of Behavior and selection of requested Roles

- (17) Check box. By checking the box, the requesting user acknowledges they have read and understood the Rules of Behavior.

- (18) Name. The last name, first name, and middle initial of the user.

- (18a) User Signature. By signing, the requesting user acknowledges they have read and understood the Rules of Behavior.

- (19) Roles Requested. The requesting user selects Implementing Partner or USAID internal. If IP, fill in activities. If USAID, select Roles and Privileges in 19a and 19b.

- (19a) USAID Role(s) Requested. For USAID internal users only.

- (19b) USAID Privileges Requested. For USAID internal users only.