MyBiz+ for Managers and Supervisors System Access Request Form
External and Military Users

PERSONAL DATA – PRIVACY ACT OF 1974

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 System (DCPDS) for individuals supervising civilian employees. NOTE: Users will not be creating Requests for Personnel Actions in MyBiz+ for Managers and Supervisors.

TYPE OF REQUEST:

☐ **Add** **EOD:**	☐ **Replaces** Name and position sequence number, if known**:**	☐ **Modify *** ☐ **Name Change** **From:** ☐ **Other** (explain): *** Identify blocks being changed with an Asterisk**	☐ **Delete/End Date** **Effective:** **Reason:**

Section 1 This section to be completed by Requester/Supervisor – all blocks are required

Full Name (Last, First, MI): *No nicknames; name should match employee's CAC. Include Military title, if applicable:*			**Check the applicable status (* *note that Non-Navy Civilian and Military employees will be contacted to provide additional required information for access*):** ☐ **Non-Navy Civilian Employee *** ☐ **LN Employee** ☐ **Military *** ☐ **Other, Specify:**
Major Claimant (e.g. NV70):	**UIC:**	**Organization Code:**	**Position Title:**
Activity Name:			**Email Address:**
Location/Building Number:			**Phone (Including Area Code):** / **DSN:**
Work Mailing Address:			**Fax:** / **DSN:**

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 all passwords for the applications to which I am granted access.

(Requester's Printed Name,Signature and Date)

I certify this user requires access as requested in the performance of his/her job function. By signing, I verify that the employee has completed IA and PII required training.

(Supervisor's Printed Name,Signature and Date)

Section 2 This section to be completed by servicing Human Resources Office

(HRO Approver's Printed Name,Signature and Date)

Section 3 For OCHR Code 20 use only

MyBiz+ for Managers and Supervisors User Name (if other than user's SSAN):	**Virtual Position No.:**

☐ **PD built** ☐ **Ext User built** ☐ **PD attached to Ext User** ☐ **Account built**