



# IFMP System Access Request

*There are two parts to this form: (1) "User Information" and (2) "System Information." Complete "User Information" through the signature block. In "System Information," check the systems you want to access. Submit to Center Security Administrator for IFMP.*

TYPE OF REQUEST

ADD       DELETE       CHANGE

## PART 1 - USER INFORMATION

1. NAME	2. UNIQUE IDENTIFIER (X500 ID)
3. ORGANIZATION/DEPARTMENT/DIVISION	4. MAC/PC
5. E-MAIL ADDRESS	6. TELEPHONE NUMBER (Include area code)
7. MAILING ADDRESS/MAIL STOP	

## EMPLOYMENT INFORMATION

8. EMPLOYER	9. NASA CENTER	
10. ACCESS DURATION (If temporary)		11. U.S. CITIZEN
START DATE	END DATE	<input type="checkbox"/> YES
		<input type="checkbox"/> NO
		12. IT SECURITY TRAINING COMPLETED
		<input type="checkbox"/> YES COURSE NUMBER: _____
		<input type="checkbox"/> NO DATE: _____

Unauthorized use of the computer accounts and computer resources to which I am granted access is a violation of Section 799, Title 18, U.S. Code; constitutes theft; and is punishable by law. I understand that I am the only individual to access these accounts and will not knowingly permit access by others without written approval. I understand that my misuse of assigned accounts, and my accessing others' accounts without authorization is not allowed. I understand that this/these system(s) and resources are subject to monitoring and recording. I further understand that failure to abide by these provisions may constitute grounds for termination of access privileges, administrative action, and/or civil or criminal prosecution. I will not share my USERID or divulge my password to anyone. I understand I must log-on to the system regularly to retain system access, and I will notify the IFMP Security Administrator when I no longer need access. I will change my password in accordance with system guidelines. I will abide by NPG 2810 guidelines when selecting a password.

***Signing below acknowledges your agreement to the above statement and verifies that the user information provided above is correct.***

13. USER SIGNATURE		14. DATE
15. SUPERVISOR'S NAME (Type or print)	16. SUPERVISOR'S SIGNATURE	17. DATE

<b>IFMP System Access Request (Continued)</b>		NAME _____	
<b>PART 2 - SYSTEM INFORMATION</b>			
<b>A. CORE FINANCIAL:</b>		<input type="checkbox"/> PRODUCTION	<input type="checkbox"/> TRAINING REQUIREMENT MET
		<input type="checkbox"/> OTHER: _____	
1. USER ROLES _____			
2. NASA APPROVAL #1		3. DATE	4. TELEPHONE NUMBER (Include area code)
5. NASA APPROVAL #2		6. DATE	7. TELEPHONE NUMBER (Include area code)
8. NASA APPROVAL #3		9. DATE	10. TELEPHONE NUMBER (Include area code)
<b>B. BUSINESS WAREHOUSE:</b>		<input type="checkbox"/> PRODUCTION	<input type="checkbox"/> TRAINING REQUIREMENT MET
		<input type="checkbox"/> OTHER: _____	
1. USER ROLES _____			
2. NASA APPROVAL		3. DATE	4. TELEPHONE NUMBER (Include area code)
<b>C. BUDGET FORMULATION:</b>		<input type="checkbox"/> PRODUCTION	<input type="checkbox"/> TRAINING REQUIREMENT MET
		<input type="checkbox"/> OTHER: _____	
1. USER ROLES _____			
2. NASA APPROVAL		3. DATE	4. TELEPHONE NUMBER (Include area code)
<b>D. BANKCARD:</b>		<input type="checkbox"/> PRODUCTION	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> USER ROLES: _____		<input type="checkbox"/> BANKCARD WITH CITRIX	
1. NASA APPROVAL		2. DATE	3. TELEPHONE NUMBER (Include area code)
<b>E. TRAVEL MANAGER:</b>		<input type="checkbox"/> PRODUCTION	<input type="checkbox"/> CITRIX GROUP
		<input type="checkbox"/> OTHER: _____	
1. USER ROLES _____			
2. NASA APPROVAL		3. DATE	4. TELEPHONE NUMBER (Include area code)
<b>F. STaRS:</b>		<input type="checkbox"/> PRODUCTION	<input type="checkbox"/> TEST
		<input type="checkbox"/> CITRIX GROUP	
		<input type="checkbox"/> OTHER: _____	PERMISSION LEVEL: _____
1. USER ROLES _____			
2. NASA APPROVAL		3. DATE	4. TELEPHONE NUMBER (Include area code)
<b>G. POSITION DESCRIPTION MANAGEMENT:</b>		<input type="checkbox"/> PRODUCTION: _____	
		<input type="checkbox"/> OTHER: _____	
1. NASA APPROVAL		2. DATE	3. TELEPHONE NUMBER (Include area code)

<b>IFMP System Access Request (Continued)</b>		NAME	
<b>PART 2 - SYSTEM INFORMATION (Continued)</b>			
<b>H. INTEGRATED ASSET MGMT:</b>		<input type="checkbox"/> PRODUCTION	<input type="checkbox"/> TRAINING REQUIREMENT MET
		<input type="checkbox"/> OTHER: _____	
1. USER ROLES			
2. NASA APPROVAL #1		3. DATE	4. TELEPHONE NUMBER <i>(Include area code)</i>
5. NASA APPROVAL #2		6. DATE	7. TELEPHONE NUMBER <i>(Include area code)</i>
<b>I. IFM PORTAL:</b>		<input type="checkbox"/> PRODUCTION	<input type="checkbox"/> OTHER: _____
1. IFM SYSTEMS ASSESSED			
2. NASA APPROVAL		3. DATE	4. TELEPHONE NUMBER <i>(Include area code)</i>
<b>J. ERASMUS:</b>		<input type="checkbox"/> PRODUCTION	<input type="checkbox"/> TRAINING REQUIREMENT MET
		<input type="checkbox"/> OTHER: _____	
<input type="checkbox"/> LEVEL A	<input type="checkbox"/> LEVEL B	<input type="checkbox"/> LEVEL B+	
1. NASA APPROVAL		2. DATE	3. TELEPHONE NUMBER <i>(Include area code)</i>
<b>K. CONTRACT MANAGEMENT:</b>		<input type="checkbox"/> PRODUCTION	<input type="checkbox"/> TRAINING REQUIREMENT MET
		<input type="checkbox"/> OTHER: _____	
1. USER ROLES			
2. NASA APPROVAL #1		3. DATE	4. TELEPHONE NUMBER <i>(Include area code)</i>
5. NASA APPROVAL #2		6. DATE	7. TELEPHONE NUMBER <i>(Include area code)</i>
<b>JUSTIFICATION FOR ACCESS</b>			