

MyBiz+ (DCPDS) for Managers and Supervisors - External and Military Users

SYSTEM ACCESS REQUEST FORM

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 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	REPLACES Name and Position Sequence Number, if known:	Modify	Name Change From:	Delete/End Date Effective Date:
EOD:		Other Explain:		Reason:

SECTION I (To be completed by Requestor - all blocks required)

Full Name (Last, First, Middle Initial & Job Title - (Note: Name should match employee's CAC))

Check the applicable status (Identified Non-Navy Civilian and Military employees will be contacted for additional information for access)

Non-Navy Civilian	Military	LN
Other, Specify:		

Command (NVxx)	Organization Code	Work Email Address
UIC	Position Title	Contact Phone # (Include Area Code)

IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS (Complete as required for user or functional level access - training not completed within the last 12 months will result in form being returned with no action)

I have completed Annual DoD Cyber Awareness Challenge	Date Completed
I have completed Annual Personally Identifiable Information (PII) Awareness Training	Date Completed

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 data and access controls for the system to which I am granted access.

Requestor's Digital Signature

SECTION II (To be completed by Supervisor)

I certify this user requires access as requested in the performance of their job function. By signing, I verify the employee (1) has current (within last 12 months) and completed IA and PII training; (2) has an active/completed investigation at the Tier 1(NACI), Tier 3(ANACI) or higher level.

Supervisor's Digital Signature

SECTION III (To be completed by Designated Approver)

I certify this user requires access as requested in the performance of their job function.

Designator Approver's Digital Signature

FORM KEY REQUIREMENTS

1. Submission of an updated form makes previous form obsolete. Ensure ALL requirements/access is completed on this form. Account will be established/modified based on the access levels on this form
2. Digital Signatures ONLY
3. File Naming Convention: LastName_FirstName_MI_EDIP1_MYBIZ.PDF
4. Approval Signatures: Listing of your Organization's Designated Approvers may be located at: <https://portal.secnav.navy.mil/ess/SR/Portal> under SAR Forms/Documents
5. HRO/SOID(s): Listing of DoD HRO/SOIDS located at: <https://portal.secnav.navy.mil/ess/SR/Portal> under SAR Forms/Documents

RESERVED FOR MAHRS Use Only

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

PD built	External User built	PD attached to External User	Account built	Comments:
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