SBA

# U.S. SMALL BUSINESS ADMINISTRATION DISASTER ASSISTANCE
## System Access Security Request

**Employee Identification** *(Please Print Full Legal Name Including Middle Initial, & Verify That Names Are Spelled Correctly)*

First: Jane M.I.: A

Last: Doe

Empl. Title: Authorized Requestor (Print):

I hereby agree to access only that data authorized by my supervisor, the authorized requestor above, or the COTR of my contract. **I understand that my failure to comply with these prescribed requirements may be grounds for disciplinary actions and/or prosecution.**

Employee Signature: Jane Doe Date: 09/09/2016

**This Section To Be Completed By Authorized Requestor and IT Security Officer** RM Action complete

New Account | Account Modification | Account Reactivation | Date Requested:

| | | | | | | |
|---|---|---|---|---|---|---|
| **Employee Type:** | Permanent | Cadre | Term | Temp | Contractor | Auditor |
| **Requesting Office:** | DCMS OC | FOCE | ODA HQ | ASC-ADMIN | | PDC |
| CSC | FOCW | DVC | Other Office (Specify): | ODP | | SEE |
| **DCMS Instance:** | Production | | Training | Other: | | |

**Note:** Check ALL responsibilities in the appropriate column: "N" = New Access Requested or "E" = Existing/Ongoing Responsibility (requires continued access). Existing Responsibilities not checked will be disabled.

**Responsibilities:**

| N | E | | N | E | | N | E | |
|---|---|---|---|---|---|---|---|---|
| | | AAD/LP | | | DCMS Sec Officer | | | Loan Officer 3 | | | RM Dept Mgr |
| | | AAD/LV | | | Deputy AADA | | | Loan Servicing | | | Scanning Admin. |
| | | AADA | | | Deputy Center Dir. | | | Loan Support | | | Scanning Operator |
| | | AC Program Asst. | | | Empl. Relations Officer | | | Loan Support Supv. | | | Security Officer |
| | | Admin | | | Field Closer | | | Loss Verifier | | | Senior Loan Officer |
| | | Admin Officer | | | Field Ops | | | Paralegal 1 | | | SuperUser |
| | | Area Counsel | | | Flood Mapper | | | Paralegal 2 | | | Supv. Flood Mapper |
| | | Attorney 1 | | | Indexing Operator | | | Paralegal 3 | | | Supv. Loan Officer 1 |
| | | Attorney 2 | | | Inspector General | | | Personnel | | | Supv. Loan Officer 2 |
| | | Attorney 3 | | | IRS Specialist | | | Personnel Officer | | | Supv. Loan Officer 3 |
| | | Attorney Senior | | | IT | | | Process Setup Suppt. | | | Supv. Loss Verifier |
| | | Center Director | | | Legal Support | | | Production Specialist | | | Supv. Prog. Analyst |
| | | Collateral Cashier | | | Legal Support Supv. | | | Production Support | | | System Acct. Support |
| | | CSR | | | Loan Officer 1 | | | Program Analyst | | | |
| | | | | | Loan Officer 2 | | | Public Info. Officer | | | |

**DCS Access**

| N | E | | |
|---|---|---|---|
| | | LAAI | (Loan Acct Inquiry) |
| | | LAAU | (Loan Acct Update) |
| | | LABOO | (Funding/Disbursement) |
| | | LAB/LABV | (Schedule/Verify) |
| | | LAUD | (Modification) |
| | | PMDU | (Enroll/Verify) |

**PC Network (LAN)**

| N | E | | N | E | |
|---|---|---|---|---|---|
| | | Admin Functions | | | Legal Call Log |
| | | Basic Field | | | NT Account |
| | | Collateral | | | OT Request |
| | | ELIPS | | | Qterm/PMQD |
| | | Goldfax | | | Staffing Rpt |

**Other**

| N | E | | N | E Choice | |
|---|---|---|---|---|---|
| | | Point | | | ISP |
| | | Credit – D&B | | | NEMIS |
| | | Credit – Experian | | | NFIP |
| | | Credit – Equifax | | | TACACS |
| | | Credit – TransUnion | | | Westlaw |
| | | ePORT | | | VPN/Token |
| | | FCS | | | |

Account Creation Information - DCMS

User Name

Account Creation Information – NT Access

User Name

I have reviewed this form: Signature of Supervisor/Requestor (same person listed above) Date Signature of IT Security Officer of Employee Home Center Date

Comments: Signature of DCMS IT Security Officer Date

SBA Form 2161 (10-11)