

# NATIONAL FINANCE CENTER

## AGENCY SECURITY ADMINISTRATOR/OFFICER DESIGNATION FORM

*Please complete the sections that apply to your user.*

AGENCY SECURITY OFFICER									
DEPT	AGENCY	NFC USER ID	SECURITY OFFICER NAME	SOCIAL SECURITY NUMBER	PHONE	SECURITY OFFICER ROLE	SECURITY OFFICER TYPE	USER EMAIL ADDRESS	AGENCY OFFICIAL
						<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	<input type="checkbox"/> ZONE <input type="checkbox"/> DIVISION <input type="checkbox"/> DEPARTMENT		PHONE
						<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	<input type="checkbox"/> ZONE <input type="checkbox"/> DIVISION <input type="checkbox"/> DEPARTMENT		EMAIL
						<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	<input type="checkbox"/> ZONE <input type="checkbox"/> DIVISION <input type="checkbox"/> DEPARTMENT		AGENCY OFFICIAL TITLE
						<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	<input type="checkbox"/> ZONE <input type="checkbox"/> DIVISION <input type="checkbox"/> DEPARTMENT		AGENCY OFFICIAL SIGNATURE
						<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	<input type="checkbox"/> ZONE <input type="checkbox"/> DIVISION <input type="checkbox"/> DEPARTMENT		DATE

DISTRIBUTED SECURITY ADMINISTRATOR									
DEPT	AGENCY	SUB-AGENCY	NFC USER ID	DSA ROLE	DISTRIBUTED SECURITY ADMINISTRATOR	DISTRIBUTED SECURITY ADMINISTRATOR NAME	PHONE	USER EMAIL ADDRESS	CHIEF INFORMATION SECURITY OFFICER NAME
				<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	<input type="checkbox"/> T&A Systems <input type="checkbox"/> EmpowHR				PHONE
				<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	<input type="checkbox"/> T&A Systems <input type="checkbox"/> EmpowHR				EMAIL
				<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	<input type="checkbox"/> T&A Systems <input type="checkbox"/> EmpowHR				CHIEF INFORMATION SECURITY OFFICER TITLE
				<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	<input type="checkbox"/> T&A Systems <input type="checkbox"/> EmpowHR				CHIEF INFORMATION SECURITY OFFICER SIGNATURE
				<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	<input type="checkbox"/> T&A Systems <input type="checkbox"/> EmpowHR				DATE

SERVICING PERSONNEL OFFICER							
NFC USER ID	USER NAME	DEPARTMENT	AGENCY	PHONE	PERSONNEL OFFICE ID (POI)	USER EMAIL ADDRESS	FUNCTIONAL AREAS
							<input type="checkbox"/> T&A Systems <input type="checkbox"/> EMPOWHR <input type="checkbox"/> PPS <input type="checkbox"/> ABCO <input type="checkbox"/> REPORTING
							<input type="checkbox"/> T&A Systems <input type="checkbox"/> EMPOWHR <input type="checkbox"/> PPS <input type="checkbox"/> ABCO <input type="checkbox"/> REPORTING
							<input type="checkbox"/> T&A Systems <input type="checkbox"/> EMPOWHR <input type="checkbox"/> PPS <input type="checkbox"/> ABCO <input type="checkbox"/> REPORTING

BENEFITS PROCESSING OFFICER							
NFC USER ID	USER NAME	DEPARTMENT	AGENCY	PHONE	PERSONNEL OFFICE ID (POI)	USER EMAIL ADDRESS	FUNCTIONAL AREAS
							<input type="checkbox"/> Int'l Org <input type="checkbox"/> FEHB <input type="checkbox"/> TSP
							<input type="checkbox"/> Int'l Org <input type="checkbox"/> FEHB <input type="checkbox"/> TSP
							<input type="checkbox"/> Int'l Org <input type="checkbox"/> FEHB <input type="checkbox"/> TSP
							<input type="checkbox"/> Int'l Org <input type="checkbox"/> FEHB <input type="checkbox"/> TSP

**PRIVACY ACT NOTICE:** In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of your Social Security Number is authorized by Executive Order 9397 of November 22, 1943 and 5 U.S.C. 301. The primary purpose of requesting the Social Security Number (SSN) is to properly identify the employee. Many employees have similar names and the furnishing of the SSN will enable USDA to identify authorized users of USDA's computer systems. The information will be used by offices and employees who have a need for the information in the performance of their official duties. The information will not be disclosed outside USDA or employing agency. Disclosure of your SSN and other information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.