

**DEFENSE CIVILIAN PERSONNEL DATA SYSTEM (DCPDS)  
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.

**TYPE OF REQUEST (Select one):**

INITIAL                      MODIFICATION                      DEACTIVATE

REQUEST DATE  
(MM/DD/YYYY)

**SECTION I (To be completed by Requestor)**

FULL NAME (Last, First, Middle Initial & Job Title)

CITIZENSHIP

DESIGNATION OF PERSON

US                      FN

MILITARY

CIVILIAN

OTHER, Specify:

CONTRACTOR

OTHER, Specify:

COMMAND  
(NVxx)

ORGANIZATION CODE

WORK EMAIL ADDRESS

UIC

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

**USER ACCESS**

1. M&RA Organizations Access ONLY: Manpower, Analytics, and HR Systems (MAHRS), Office of Civilian Human Resources (OCHR/OPSCTRs/OPC), Executive Mgmt Program Office (EMPO), and Equal Employment Office (EEO)
2. Human Resource Offices (HROs) Access ONLY
3. Activity Access (Manager/Supervisor, Administrative Office, or Designated End-User)

Check if Requestor works within OCHR's Overseas Processing Center (OPC)

**DCPDS ACCESS: (Please check all that following options that apply (NOTE: User cannot be both Reviewer and Requesting/Authorizing Official))**

US Module

LN Module

Initiates/Creates RPAs

Signs RPAs as Authorizing Official

Approves RPAs as Appointing Official  
(OCHR OPSCTRs/OPC Only)

Signs RPAs as Requesting Official

Reviews RPAs only

User is a Supervisor/Manager

Self-Service Hierarchy MGR (Position Hierarchy Maintenance Tool)  
\*\*\* Requires DCHR Approval - see Section IV

Secure Appraisal Administrator

DCIPS Performance Appraisal Administrator (Intel ONLY)

List Required Group Boxes:

ACTIVITY ACCESS: List all UIC(s) required for account

**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

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**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

**SECTION IV** *(To be completed by DCHR or Designated Approver if Self-Service Hierarchy MGR selected)*

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

DCHR's Digital Signature

**SECTION V** *(Additional Information or Access Not Listed Above)*

**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. Annotate additional access within Section V
4. File Naming Convention: LastName\_FirstName\_MI\_EDIPD\_DCPDS.PDF
5. 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
6. HRO/SOID(s): Listing of DoD HRO/SOIDs located at: <https://portal.secnav.navy.mil/ess/SR/Portal> under SAR Forms/Documents
7. Approved/established DCPDS Accounts will result in AUTONOA Accounts established with same criteria

**RESERVED FOR MAHRS Use Only**

DCPDS User Name

Virtual Position Number

Comments