

**Boise National Forest (0402 BNF SO FIRE)**



U. S. Forest Service

FS-6500-214 (Rev. 02/2007)

OMB 0596-0204(Exp 2/2015)

**Financial Information Security Request Form**

**Introduction**

Welcome to the USFS Financial Information Security Request Form. On the next few screens you will be tasked with completing information needed by the Albuquerque Service Center - Budget & Finance IT Security Team. This information is necessary so that the IT Security Team can process your request quickly and completely.

Each screen you'll need to complete will contain navigation buttons at the bottom, please use these to navigate instead of your browsers forward and back buttons. Don't try to skip ahead since subsequent screens often depend on information from a previous screen. In most cases you can safely navigate backwards, using the 'Previous Page' button at the bottom of the page, if you need to double-check or modify entries you've already made.

Before you can proceed we must ask you to answer a question. Since certain training is required to access financial and Privacy Act-protected information, your response to this question will determine whether or not you may continue with this request.

Have you successfully completed Computer Security Awareness Training within the past year?

Yes  No

OMB no. 0596-0204

**Burden and Non-Discrimination Statements**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it display a valid OMB control number. The valid OMB control number for this information collection is 0596-0204. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Completion of this form is mandatory for Forest Service employees and contractors who must receive access to NFC to perform essential duties. USDA Department Regulation 3140 (USDA Information Systems Security Policy) and USDA Department Manual 3140 (Management of ADP Security) are the applicable authorities to collect this information. To gain access to NFC, the Forest Service employees and contractors use the internal electronic form FS-6500-214 Financial Information Security Request. Prior to filling out the form, Forest Service employees and contractors must first successfully complete specific training before a user may request access to certain financial systems.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

USDA is an equal opportunity provider and employer.

**User's Profile**

Please enter your Windows Active Directory Username, if you have one:

Name:  Please include "First name, Middle initial and Last name" Date of Request: 03/21/2022

E-Mail:  Forest Service Email if available Telephone:

Title:

Agency, Region, Unit (i.e. 11, 13, 28):	Agency	Region/Station/Area	Forest/Unit
	11	04 ▼	02 ▼

Federal Employee Social Security Number:  Required only when requesting access to a USDA system (i.e. NFC andE-Gov Travel System)

Check if you are on Detail Please enter expiration date:  Select Year ▼ Select Month ▼  
Select Date ▼

Type of Access:  Permanent Access  Temporary Access  Emergency Access **NOTE: Expiration date must be completed for all users requesting temporary or emergency access.**

Action Requested						User ID (if current user)
System	Add	Modify/ Reinstated	Remove	NA		
NFC	<input type="radio"/> Add	<input type="radio"/> Modify	<input type="radio"/> Remove	<input checked="" type="radio"/> NA		<input type="text"/> UserID
FMMI	<input type="radio"/> Add	<input type="radio"/> Modify	<input type="radio"/> Remove	<input checked="" type="radio"/> NA		<input type="text"/> UserID
FED	<input type="radio"/> Add	<input type="radio"/> Modify	<input type="radio"/> Remove	<input checked="" type="radio"/> NA		<input type="text"/> UserID
FPFS	<input type="radio"/> Add	<input type="radio"/> Modify	<input type="radio"/> Remove	<input checked="" type="radio"/> NA		<input type="text"/> UserID
ASR	<input type="radio"/> Add	<input type="radio"/> Modify	<input type="radio"/> Remove	<input checked="" type="radio"/> NA		<input type="text"/> UserID
ASC SQL Server	<input type="radio"/> Add	<input type="radio"/> Modify	<input type="radio"/> Remove	<input checked="" type="radio"/> NA		<input type="text"/> UserID
IBDB/ABS	<input type="radio"/> Add	<input type="radio"/> Modify	<input type="radio"/> Remove	<input checked="" type="radio"/> NA		<input type="text"/> UserID
E-Gov Travel System	<input checked="" type="radio"/> Add	<input type="radio"/> Modify	<input type="radio"/> Remove	<input type="radio"/> NA		N/A
Shorthand Code Request Tool	<input type="radio"/> Add	<input type="radio"/> Modify	<input type="radio"/> Remove	<input checked="" type="radio"/> NA		<input type="text"/> UserID
ERS	<input type="radio"/> Add	<input type="radio"/> Modify	<input type="radio"/> Remove	<input checked="" type="radio"/> NA		<input type="text"/> UserID
POSS/POSSIE	<input type="radio"/> Add	<input type="radio"/> Modify	<input type="radio"/> Remove	<input checked="" type="radio"/> NA		<input type="text"/> UserID
Claims Information System (Field Users)	<input type="radio"/> Add	<input type="radio"/> Modify	<input type="radio"/> Remove	<input checked="" type="radio"/> NA		<input type="text"/> UserID
Claims Information System (ASC Staff)	<input type="radio"/> Add	<input type="radio"/> Modify	<input type="radio"/> Remove	<input checked="" type="radio"/> NA		<input type="text"/> UserID
TSA Reporting Center	<input type="radio"/> Add	<input type="radio"/> Modify	<input type="radio"/> Remove	<input checked="" type="radio"/> NA		<input type="text"/> UserID

**ROLE SELECTION(S)**

**Roles**

To learn more about the E-Gov Travel System Roles, go to the [Temporary Duty Travel page](#)

Traveler  
 ASC FATA - Note: Must be in ASC B&F Staff to request this role  
 Reviewer  
 Travel Arranger  
 Approving Official  
 Invitational traveler (i.e. volunteers, other Federal Agency Employees)  
 Agency FATA - Note Must be in WO Financial Management Staff to request this role.

**Role Required Information**

Role	Required Information
Traveler	Profile Only - No Activation <input type="checkbox"/> Does a E-Gov Travel System profile currently exist? <input type="text" value="No"/> <input type="button" value="No"/> Use the search link to select the routing name. The selection will be displayed in the text box below. Select "other" for unlisted routing names and input the name in the provided field. Search <input type="text" value="0402 BNF SO FIRE"/> Government Credit Card Holder <input type="text" value="No"/> <input type="button" value="No"/>
Invitational Traveler	Provide the Travel Arranger's email address: <input type="text"/> Has the invitational traveler ever been on travel for Forest Service? -- <input type="button" value="No"/> Has their banking info changed since their last travel? -- <input type="button" value="No"/> Routing List Name: Search <input type="text"/>
Travel Arranger	List organization(s) that you will prepare travel arrangements for: <input type="text"/> <input type="button" value="Add"/>
Reviewer	Select Reviewer Type: <input type="text"/> If Funds Approver, enter the Routing Name: Search <input type="text"/> <input type="button" value="Add"/> Click the "Add" button to add a routing name. You can add multiple routing names.
Approving Official	Select document to approve: <input type="text"/> Select Routing Name to ADD. If approving official for a routing list outside of region, please place the routing name on the Remarks page): Search <input type="text"/> <input type="button" value="Add"/> Click Add to add them to the ADD request. They will be displayed in a listing below. You can add multiple documents/routing names to the ADD request.

**There are actions which you must take at the bottom of this page for your request to be processed. If you skip these actions your request will be discarded.**

**STATEMENT OF PERSONAL RESPONSIBILITIES**

As a user of the Forest Service's financial management systems, I understand that I am personally responsible for my use and any misuse of my user account and password. I understand that by accessing a U.S. Government information system that I must comply with the following requirements:

**IMPORTANT NOTICE: To complete this request you must indicate your agreement to abide by these rules.**

**Failure to indicate agreement will result in your request not being submitted.**

**The printed Security Request Form may contain your Social Security Number.**

**This PII data is required for E-Gov Travel System and NFC so each user should take the responsibility to protect it.**

**ASC Security protects your data, both electronically and hardcopy.**

Yes  No

Clicking the "Finish" button will cause the data from this Form to be entered into the ASC B&F IT Security database and the entire form to be displayed to you for printing. The format for printing assumes one inch margins. Please check the Page Setup in your browser before printing to insure the margins are set correctly.

Agreement	
AD Name:	
<b>The following statement must be read and signed by the individual being designated for access. I HEREBY acknowledge the following:</b> I recognize that FMMI and all other NFC systems contain data concerning individuals and commercial entities which is private or sensitive in nature. I agree not to use the information in these systems for unauthorized purposes, including those that result in the intrusion of the privacy of an individual or a commercial entity, or the unwarranted disclosure of personal or proprietary information. I agree not to share my access ID and/or password with others. I agree not to alter data in any FMMI document or table, or data elements in any NFC information system, for purposes of personal benefit or those that could result in theft or misuse of public funds.	
Applicant Name: <input type="text"/>	Applicant Telephone: <input type="text"/>
Signature of Applicant:	Date:
User's Supervisor - I certify that the user has received security instructions for the systems and/or applications as indicated, and I approve his/her access to these systems and/or applications, and the associated profiles.	
Supervisor or Contracting Officer Name: <input type="text"/>	Telephone: <input type="text"/>
Signature of Applicants Supervisor or Contracting Officer:	Date:
Signature of ASC Security Administrator:	Date:

**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 USFS 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. Disclosure of your SSN and other information is mandatory. Failure to provide the requested information will result in the denial of the requested computer access authority.