

**NATIONAL PAYROLL CENTER WEBPACC ACCESS APPLICATION**

**Please fill out the following general access request information:**

Date of Request	
Applicant's Name	
Phone Number	
E-mail	
What is your Agency?	
If GSA, what organization and region (if applicable)?	
Do you currently have access to FEDdesk -Yes or No?	
If so, what is your FEDdesk User ID?	

**Identify Organization(s) Requesting Access (Note: if "Super User" request skip and go to next section):**

Place "X" to grant access; "R" to remove access	Agency(ies) – 2 Or 3 Digit Code	Fund(s) – 3 Digit Code	GSA Region(s) [If Applicable]

**Super User Access (*Super User accounts limited to National Payroll Center and Systems Staff*) - Place "X" in appropriate box:**

Access	Removal

**Additional Application Comments:**

**User's Signature / Date** \_\_\_\_\_

**Approving Supervisor's Signature / Date** \_\_\_\_\_

**FAX THIS FORM TO THE NPC (ATTN: Control Analysis & Reporting Section) 816-926-2417**

**Prior to submitting this request the following must be read by both the User and Approving Supervisor!**

**USER**

It is your responsibility to ensure:

- The confidentiality of your password. Your passwords should not be provided to any other person or written down. Requests by others to reveal your password should be reported immediately to your Information Technology Security Officer.
- Your password must be 8 characters which includes a number and a special character.
- All accesses, made under your authority, will adhere to government policy and will not be abused.
- That all accesses are necessary to complete assigned tasks.
- Proper care will be exercised to protect all government assets while performing your duties.

By signing this form, you are certifying the following statements:

- "I understand and accept the responsibilities described above and"
- "I understand that I am responsible and will be held accountable for all accesses and subsequent actions made using my USERID and password."

**SUPERVISOR FOR REQUESTING USER**

By signing this form, you approve the above request. In doing so, you are certifying that this application/approval complies with the following:

- Access is required for the performance of assigned duties.
- The level of access requested is based upon job requirements
- "I understand that it is my responsibility to resubmit this access form (with necessary changes) should there be any changes to this individual's job requirements that could affect access requirements (this includes changes in procedures/duties, promotions, demotions, retirements, releases, and transfers (i.e., to another agency, another service within GSA, another position within Finance)."