



# TIMESHARING USER ACCESS REQUEST

**IMPORTANT:** See instructions and privacy act statement on reverse.

1. ACTION REQUESTED  <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	2. EFFECTIVE DATE	3. REQUEST DATE
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### 4. USER IDENTIFICATION

A. NAME (Last, first, middle initial)	B. OFFICE TELEPHONE NO. (FTS)	C. SOCIAL SECURITY NO.
D. COMPLETE ADDRESS (Station name, number, address, city, state, and ZIP Code)	E. DIVISION AND SECTION	
	F. JOB TITLE	
	G. STATION NUMBER/MAIL ROUTING SYMBOL	

### 5. ACCESS INFORMATION

#### A. APPLICATION OR DATASET(S) (i.e., CALM, CAPPs, etc. Application facility will be assigned.)


#### B. LEVEL OF ACCESS REQUIRED FOR EACH DATASET (Read-Only, Create, Modify, etc.)


#### C. FACILITY ACCESSED (If other than application is necessary)

TSO     WYLBUR     ROSCOE     DATABASE (RDMS, PDMS, IDMS)     OTHER

#### D. DATABASE ONLY (Applies only to requests for RDMS, PDMS, IDMS)

ON-LINE QUERY	DATA DICTIONARY

E. DATABASE SUBSCHEMA TO BE ACCESSED

### 6. APPROVAL INFORMATION REQUIRED

A. INITIATING SUPERVISOR	DATE
B. FIELD STATION DIRECTOR	DATE
C. SYSTEM MANAGER/DATA OWNER (VACO)	DATE
D. PROCESSOR (047X4)(VACO)	DATE

## SPECIFIC INSTRUCTIONS FOR COMPLETING VA FORM 9957

### 1. ACTION REQUESTED

**ADD** - Check if an individual *does not* have an Austin Timesharing userid.

**CHANGE** - Check if an individual *already* has an Austin Timesharing userid.

**DELETE** - Delete individual from the Austin Timesharing system.

a. Check if an individual *no longer* requires access to the Austin Timesharing userid.

b. Check if an Austin Timesharing user has transferred to another field station (*NOTE: This applies if access is required by the submitting office. In this case, two (2) forms would be submitted: the Timesharing customer would be deleted from their former field station; and added to their new field station. The same process applies to service changes.*)

2. **EFFECTIVE DATE** - Enter the date on which the action (userid issued, deleted or modified) is to be effective (MM/DD/YY). If left **blank**, "As Soon As Possible" will be understood.

3. **REQUEST DATE** - Date form is prepared (MM/DD/YY).

4A. **NAME** - Enter full name of individual authorized access *no nickname* or other variations of name).

4B. **OFFICE TELEPHONE NUMBER** - Enter office telephone number where individual can be reached. This may be either an FTS or Commercial telephone number; *FTS is preferred*.

4C. **SOCIAL SECURITY NUMBER** - Enter the individual's Social Security number.

**PRIVACY ACT STATEMENT.** Collection of the Social Security number is authorized by Executive Order 9937. Furnishing the information on this form, including the Social Security Number, is voluntary, but failure to do so may result in disapproval of this request.

4D. **COMPLETE ADDRESS** - Enter the *complete work site* mailing address for the individual.

4E. **DIVISION AND SECTION** - Enter the name of the employing office (Accounting Department, Fiscal Service, Director's Office etc.).

4F. **JOB TITLE** - Enter individual's exact job title.

4G. **STATION NUMBER/ROUTING SYMBOL** - Enter the *three digit* station number and *office mail routing* symbol (e.g., 101/04, 310/111, etc.).

5A. **APPLICATION OR DATASET(S)** - Specify the application or dataset(s) required. The corresponding facility will be assigned when the application or dataset is known. If unsure which facility to select, please telephone the AUSTIN HELPDESK at FTS 524-6780.

5B. **LEVEL OF ACCESS REQUIRED FOR EACH DATASET** - Specify the level of access required for each dataset (Read Only, Create, Modify, etc.). If left *blank*, *Read Only will be assigned. Database exempt from access level.*

5C. **FACILITY ACCESSED** - Specify the facility necessary if other than application is required. If other please specify.

5D. **DATABASE ONLY** - Specify the database authority and subschema required. If unsure, telephone the AUSTIN HELPDESK at FTS 524-6780. Upon receipt of the completed form at VA Central Office, the initiating supervisor will be contacted by the Operations Division (047X4) for determination of task codes, dictionaries, and subschemas, if necessary.

5E. **DATABASE SUBSCHEMA TO BE ACCESSED** - Specify the database subschema to be accessed, if known.

6A. **INITIATING SUPERVISOR** - Signature of supervisor of the individual identified in item 4A is required for approval.

6B. If access is being requested for CALM or CAPPs, signature by the field station director is required. It is acceptable to mail a letter stating the individual's need for access to CALM or CAPPs only if the letter is signed by the field station director.

6C. and 6D. will be completed by the appropriate VA Central Office personnel.

If additional assistance is required to complete this form, please telephone the staff of the Operations Division at FTS 373-5433 or 373-6242. The completed should be faxed or mailed to: FAX NUMBERS 373-2807 or 2808, MAILING ADDRESS Department of Veterans Affairs, Operations Division (047X4), 810 Vermont Avenue, NW, Washington, DC 20420.