



# VCSS ACCESS REQUEST FORM

Required fields are marked with an asterisk (\*). Although digital signatures are not required, they are recommended. Instructions for completing this form can be found on page 3.

## TYPE OF ACCESS REQUEST\*

New/Reactivate User

Change Current Roles

Remove User

## EMPLOYEE INFORMATION\*

First Name, MI*		VCSS User ID	
Last Name*		Contractor*	
Email*		Correspondence Symbol	
Phone*		Supervising Manager Name*	
Job Title*		Supervising Manager Email*	
Agency*		Supervising Manager Phone*	
Region*		Security Org(s)	
Service*		Requestor (if different than employee)	

## EMPLOYEE'S JOB FUNCTION REQUIRING USER ACCESS (be specific)\*

## ROLE REQUESTED\*

Finance Users Only:

R6R7Vendor

R6R7Customer

Non-Finance Users Only:

Customer Support

View VCSS



**EMPLOYEE – CERTIFICATION AND SIGNATURE\***

I certify that I have read the IT Security Rules of Behavior (located [here](#)) and have taken the Mandatory IT Security Awareness Training/Privacy Act Training. I agree to protect the confidentiality of my user ID and password, ensure the user ID will be used only for government official business, and not share these with any other individuals. I will exercise care to protect all system assets while performing my duties.

Signature

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Date

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**SUPERVISING MANAGER – CERTIFICATION AND SIGNATURE\***

I certify that the work duties of this employee align with the need for access to the above-indicated system(s) and that the Mandatory IT Security Awareness Training/Privacy Act Training has been completed.

Name

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Signature

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Date

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**FUNCTIONAL COORDINATOR APPROVAL\***

Functional Coordinator's Name

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Signature

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Date

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## Instructions

### **Type of Access Request**

Select the type of request. If a user loses VCSS access, select "New/Reactivate User" to reactivate the user account.

### **Employee Information**

All fields outlined in red are required. Enter the VCSS user ID for reactivating a user's account, changing roles, or removing the account.

### **Employee's Job Function**

Enter the employee's job function(s) that correspond with the access being requested. Be specific and include details about what necessitates system access.

### **Role Requested**

Select the appropriate user role for either Finance users or non-Finance users. If you have questions about which role you should select, please contact your Functional Coordinator or supervisor for guidance.

### **Signatures**

Digital signatures are recommended, but not required. The employee, the employee's supervising manager, and the Functional Coordinator must all sign and date the form (in the order listed) before access is granted. Each signatory should forward the signed form to the next contact listed.

After all parties have signed the form, the functional coordinator submits the form to the Pegasys Access Team by emailing it to [pegaccessteam@gsa.gov](mailto:pegaccessteam@gsa.gov).

### **Questions**

If you have any questions, please contact [pegaccessteam@gsa.gov](mailto:pegaccessteam@gsa.gov).