

Instructions for ATAAPS DD 2875

*****FAILURE TO COMPLETE THIS FORM CORRETLY WILL RESULT IN DELAYS IN OBTAINING ACCESS*******

Digital/Manual Signatures are acceptable

Type of request – **Initial**

Date – **Date of request**

System Name – **ATAAPS**

Location – **DISA – Oklahoma**

Part I – **Complete blocks 1 – 10. Data must be filled in for each block.**

1A. – **Date of IA training completion.**

11. User Signature – **Person requesting access must sign and date**

13 – **Justification for Access**

- a. **User Access to ATAAPS**
- b. **Database**
- c. **UIC's**
- d. **Role**
- e. **DEROS**

14. Type of access required – **Place an X in Authorized**

15. User requires access to – **Place an X in Other and enter "Sensitive personnel data in time and attendance"**

16. Verification of need to know – **Place an X in this block**

17 – 20b – **All blocks must be filled in and signed by the supervisor of the person requesting access**

21 – 25 – **LEAVE BLANK**

26a – 26b- **Name**

28 – 31 – **These blocks MUST be completed by the security officer/manager. Forms will not be processed without this information.**