



UNCLASSIFIED

Procedures for Requesting, Issuing and Deleting Defense Civilian Pay System (DCPS) USERIDs



General Information/Instructions

- ✓ All appointed timekeepers are required to have access to the DCPS payroll database.
- ✓ Please follow the instructions contained on the next slides for use in completing the necessary USERID request forms.
- ✓ Security Awareness Training must be completed before a USERID can be issued. Once completed, print the certificate of completion. Follow this link to complete the training:
- ✓ <https://cust-support.dfas.mil/dcps/security/index.htm>
- ✓ Forward security awareness certificate, completed forms (DD Form 2929 and DD Form 2875), and the Host National Europe NACI waiver memorandum, if applicable to your servicing DCPS Customer Service Representative.
- ✓ The DFAS approval process takes approximately 10 business days.
- ✓ Once the application has been approved, DFAS will contact the timekeeper directly, via e-mail, and provide the USERID and temporary password.
- **Timekeepers or their Supervisors should notify the Payroll Office when the USERID should be deleted!**



Information about the Use of Digital Signatures

- ✓ Any document with a digital signature must remain in the original electronic document format so the certificate(s) contained in the signature can be validated.
- ✓ Once a document is digitally signed - It must transferred in such a way as to remain in the electronic format it was signed in (e-mail)
- ✓ Printing the document, at any time, takes the document out of the original electronic document format that supports digital signatures. Any previous digital signatures are, therefore, invalidated.
- ✓ Scanning a printed copy, even as a .pdf file, will not restore the digital signature support or the ability to validate the digital signatures.
- ✓ If anyone in the approval chain is incapable of digitally signing the document, then you can't digitally sign any of the document.



DD Form 2875 Blocks 1 - 13

SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450, 9397; and Public Law 99-474, the Computer Fraud and Abuse Act.
PRINCIPAL PURPOSE: To record names, signatures, and other identifiers for the purpose of validating the trustworthiness of individuals requesting access to Department of Defense (DoD) systems and information. NOTE: Records may be maintained in both electronic and/or paper form.

ROUTINE USES: *(None)*
 If other than initial request please include your USERID; however, failure to provide the requested information may impede, delay or prevent further processing of this request.

TYPE OF REQUEST		DATE
<input checked="" type="checkbox"/> INITIAL	<input type="checkbox"/> MODIFICATION	<input type="checkbox"/> DEACTIVATE
<input type="checkbox"/> USER ID	Provided by DFAS	Date of application
SYSTEM NAME (Platform or Applications) DCPS		LOCATION (Physical Location of System) Mechanicsburg, PA

PART I (To be completed by Requestor)

1. NAME (Last, First, Middle Initial)	2. ORGANIZATION employee organization
3. OFFICE SYMBOL/DEPARTMENT employee office symbol	4. PHONE (DSN or Commercial) employee phone number
5. OFFICIAL E-MAIL ADDRESS employee e-mail address	6. JOBTITLE AND GRADE/STAFF RANK employee job title
7. OFFICIAL MAILING ADDRESS employee mailing address	8. CITIZENSHIP <input checked="" type="checkbox"/> US <input type="checkbox"/> FN <input type="checkbox"/> OTHER
	9. DESIGNATION OF PERSON <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR

10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS (Complete as required by DoD Instruction 5400.07)
 I have completed Annual Information Awareness Training. DATE (YYYYMMDD) 110615

11. SIGNATURE OF REQUESTOR (If individual is a contractor - provide company name, contract number, and date of contract expiration in Block 16.)

12. AUTHORITY OF REQUESTOR (If individual is a contractor - provide company name, contract number, and date of contract expiration in Block 16.)

13. JUSTIFICATION FOR ACCESS
Timekeeping duties

Required Information

If Digital signature is utilized then supervisor and security manager signature must be digitalized as well

Date must be within one year of date of submission



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DD Form 2875 Blocks 14 - 20

14. TYPE OF ACCESS REQUIRED: <input checked="" type="checkbox"/> AUTHORIZED <input type="checkbox"/> PRIVILEGED			
15. USER REQUIRES ACCESS TO: <input checked="" type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> CLASSIFIED (<i>Specify category</i>) <input type="checkbox"/> OTHER _____			
16. VERIFICATION OF NEED TO KNOW I certify that this user requires access as requested. <input checked="" type="checkbox"/>		16a. ACCESS EXPIRATION DATE (<i>Contractors must specify Company Name, Contract Number, Expiration Date. Use Block 27 if needed.</i>)	
17. SUPERVISOR'S NAME (<i>Print Name</i>) Supervisor Name	18. SUPERVISOR'S SIGNATURE Supervisor digital signature	19. DATE (YYYYMMDD) Required	
20. SUPERVISOR'S ORGANIZATION/DEPARTMENT Supervisor Organization	20a. SUPERVISOR'S E-MAIL ADDRESS Supervisor email address	20b. PHONE NUMBER	
20. Supervisor's organization/department.		21. SIGNATURE OF INFORMATION OWNER/OPR SIGNATURE	21a. PHONE NUMBER
21b. DATE (YYYYMMDD)		22. SIGNATURE OF IAO OR APPOINTEE SIGNATURE	23. ORGANIZATION/DEPARTMENT
24. PHONE NUMBER	25. DATE (YYYYMMDD)		

DD FORM 2875, AUG 2009

PREVIOUS EDITION IS OBSOLETE.

Adobe Professional 8.0



DD Form 2875 Blocks 26 - 32

26. NAME (Last, First, Middle Initial)
Required

27. OPTIONAL INFORMATION (Additional information)

•Block 28 to 32 must be completed for all US employees
•For Host National Employees Blocks 29 through 32 are still required in addition to the waiver memorandum
(see next slide for sample memorandum)

PART III - SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OR CLEARANCE			
28. TYPE OF INVESTIGATION		28a. DATE OF INVESTIGATION (YYYYMMDD)	
28b. CLEARANCE LEVEL		28c. IT LEVEL DESIGNATION <input type="checkbox"/> LEVEL I <input type="checkbox"/> LEVEL II <input type="checkbox"/> LEVEL III	
29. VERIFIED BY (Print name)	30. SECURITY MANAGER TELEPHONE NUMBER	31. SECURITY MANAGER SIGNATURE	32. DATE (YYYYMMDD)

PART IV - COMPLETION BY AUTHORIZED STAFF PREPARING ACCOUNT INFORMATION		
TITLE:	SYSTEM	ACCOUNT CODE
	DOMAIN	
	SERVER	
	APPLICATION	
	DIRECTORIES	
	FILES	
	DATASETS	
DATE PROCESSED (YYYYMMDD)	PROCESSED BY (Print name and sign)	DATE (YYYYMMDD)
DATE REVALIDATED (YYYYMMDD)	REVALIDATED BY (Print name and sign)	DATE (YYYYMMDD)

DD FORM 2875 (BACK), AUG 2009

Reset



Host National Europe NACI waiver memorandum (Sample)

<Organization's Letter Head here>

Date

MEMORANDUM FOR HQ USAREUR G1, Civilian Personnel Directorate
ATTN: DCPS Support Office

SUBJECT: Request for Waiver of the National Agency Check with written Inquiries (NACI) requirement for <insert name>

1. Request a waiver of the National Agency Check with written Inquires (NACI) requirement for access to the Defense Civilian Payroll System (DCPS).
2. <Enter employee's name> is a German Local National employed by the US Army who has been appointed as a timekeeper for US Civilian employees. Therefore, in order for this employee to perform the assigned duties as a timekeeper, request access to DCPS be granted.
3. A Local National Screening was conducted on <enter date> with favorable results. This is equivalent to a NACI for German Nationals and is in accordance with the NATO Status of Forces Agreement (SOFA) and Army in Europe Regulation 604-1.
4. I understand that I am responsible for the actions of these users in DCPS.

Supervisor Signature block
Title
Phone Number

Required information