



BUREAU OF INDIAN EDUCATION
Federal Personnel / Payroll System (FPPS)
User Access Request (UAR) Form

June 2025

By signing this form, I have read, understand and agree to comply with the DOI Rules of Behavior when I use any of the Interior Business Center (IBC) Computer Systems and/or Automated Information Resources or gain access to any information therein, such use or access shall be limited to official Government business. Further, I understand that any use of the aforementioned system by any authorized or unauthorized user constitutes consent to monitoring, retrieval, and disclosure by authorized personnel. USERS HAVE NO REASONABLE EXPECTATION OF PRIVACY IN THE USE OF THIS SYSTEM. Unauthorized use may subject violators to criminal, civil, and/or disciplinary action. I WILL REPORT ANY VIOLATION OF THESE RULES TO MY SUPERVISOR AND BIE HR. Any references made to the Agency should be regarded as being inclusive of the BIE personnel who use these systems or perform administrative and security related duties in its operation. This form supersedes previously submitted forms.

Action Requested: [ ] New [ ] Reactivate [ ] Change [ ] Deactivate [ ] Recertification
Employee Type: [ ] BIE [ ] Other DOI [ ] Other Federal [ ] Contractor
Access Duration: [ ] Permanent [ ] Temporary (Provide date range): From: \_\_\_\_\_ To: \_\_\_\_\_

EMPLOYEE USER INFORMATION

First Middle Last (Legal Name) FPPS User ID SSN (Last 4)
Telephone Email
Org Code Duty Location Supervisor/Manager Name & Title

ACCESS REQUESTING

Requesting Office (RO)

- [ ] Initiator Signature Authority (No signature authority)
[ ] Requester Signature Authority (A5)
[ ] Authorizer Signature Authority (A6)
[ ] Concurrer (CON) (e.g., budget, workforce planning)
[ ] Viewers (VWR) (No signature authority)

Servicing Personnel Office (SPO)

- [ ] SPO Assistant (AST)
[ ] Review/Approval Signature Authority in PROC (SC1, cannot LGAP)
[ ] Final Approval Signature Authority in LGAP (SC2)
[ ] FPPS Security Administrator
[ ] Security Point of Contact (SPOC)

Org Code Range

Empty box for Org Code Range

OTHER IMPORTANT DETAILS APPLICABLE TO REQUEST

Employee Signature Date

Supervisor/Manager Signature Date

PLEASE RETURN FORM TO:

\_\_\_\_\_

FOR SPOC USE ONLY

Form Rec'd DSAF Subm DSAF Rtd FPPS User ID USER RPTH WGI/PRB RPTH User Notified Processed By Remarks

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