

TMS ACCESS CHANGE REQUEST

CODE 73300

PHONE (904) 790-5688

Name (Last, First, Middle Initial)

Employee Payroll Number

Employee Logon

TMS Access Level (check one box)

SUPERVISOR

TRAINING COORDINATOR

QA READ ONLY

Needs Access To (enter data only in area where access is needed)

Competency

Division

Branch

Shop

POC:

Phone #:

Supervisor

TMS requires supervisor authorization at a level EQUIVALENT TO THE HIGHEST ACCESS LEVEL REQUESTED (e.g., access to 6.2.5 requires signature of Division Director of 62500, etc.)

As the authorizing supervisor of the competency/division/branch/shop for the TMS access level requested, I approve of this increased access to TMS and request that this action be carried out as soon as possible.

Typed/Printed Name

Supervisor Signature

Date Signed

Phone #

COMPLETE THE FORM AND SEND TO THE TMS OFFICE. CALL 542-0861 FOR ANY QUESTIONS REGARDING THIS AUTHORIZATION.

Privacy Act Statement

AUTHORITY: 5 U.S.C. 301, Departmental Regulations.

PURPOSE: The primary use of this information is to provide access for designated employees to the Training Management System (TMS) to manage training data for FRCSE employees.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside of the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3).

DISCLOSURE: Mandatory; failure to provide this information may result in the individual not having access to TMS.

All fields are required

ALL required fields on this form must be completed and those not required indicate N/A

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