

CMS USER DESIGNATION*(Prescribing Document – SSC Pacific CMS Training Handbook)*

FROM Division Head, Code		TO Commanding Officer, SSC Pacific		1. DATE	
2. CMS USER NAME <i>(Last, First, MI)</i>		COMMAND SSC Pacific			
3. CODE	4. BLDG	5. ROOM	6. PHONE	7. E-MAIL ADDRESS	
8. COMPANY <i>(Contractor only)</i>		9. CONTRACT NUMBER		10. EXPIRATION DATE	
11. CONTRACT COR NAME <i>(Last, First, MI)</i>		12. COR TELEPHONE			
13. HIGHEST ACCESS REQUIRED		14. CLEARANCE		15. CITIZENSHIP	

16. ACCESS RESTRICTION EQUIPMENT AND KEYMAT EQUIPMENT ONLY**JUSTIFICATION FOR ACCESS**

17. NAME OF PROJECT					
18. DETAILED JUSTIFICATION FOR CMS USER STATUS					
a. Is individual vital to the success of associated project and no other current CMS Users can perform this tasking?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. If individual is a contractor, are there any government CMS User personnel available to perform required tasking?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Is individual able to handle, destroy, sign for, transport, inventory, or operate any COMSEC Material or Equipment?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
19. REQUESTER NAME AND TITLE <i>(Division Head and above)</i>		20. SIGNATURE <i>(Required)</i>		21. DATE	

DEPARTMENT HEAD APPROVAL*(CMS access for the above individual is required for project support)*

22. TYPE NAME <i>(Department Head ONLY or ACTING ONLY)</i>	23. SIGNATURE	24. DATE
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CMS RESPONSIBILITY ACKNOWLEDGMENT

I hereby acknowledge that I have read and understand the contents of SSCPACINST 2280.2C, it's reference (e), the SSC Pacific CMS Training Handbook, EKMS 1 (series) Chapters 5, 7, 9, 10, 11, Annex Y and fully understand my duties and responsibilities as a CMS user. Furthermore, I have received a copy of the SSC Pacific CMS Training Handbook to use for daily guidance in conducting my CMS user duties.

If at any time I am in doubt as to the proper handling, storage, inventorying, accounting, and destruction of the CMS material I am using/responsible for, I will immediately contact the EKMS Manager or alternate(s) for guidance.

Before departing on extended leave/TAD (in excess of 45 days), or upon my permanent detachment/departure, I will check out with the EKMS Manager. Additionally, I shall inform the EKMS Manager of any change of code/work center transfer or the termination of my need for access to CMS materials.

By my signature below, I assume full responsibility for the proper handling, storage, inventorying, accounting, transfer, and destruction of CMS material in my custody and/or used by me or those under my supervision.

25. TYPE CMS USER NAME <i>(Last, First, MI)</i>	26. SIGNATURE	27. DATE
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EKMS MANAGER APPROVAL
 ACCESS LEVEL VERIFIED
 CLEARANCE VERIFIED
 CI TRAINING VERIFIED

CMS RESPONSIBILITY ACKNOWLEDGEMENT BRIEF PROVIDED BY

TYPE NAME AND TITLE	SIGNATURE	DATE
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COMMANDING OFFICER APPROVALREQUEST FOR ACCESS IS APPROVED DISAPPROVED

TYPED OR PRINTED NAME <i>(Commanding Officer, SSC Pacific)</i>	SIGNATURE	DATE
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INSTRUCTIONS FOR CMS USER DESIGNATION

1. Date the form is submitted.
 2. Last name, first name, and middle initial of the CMS User designee.
 3. Code the CMS duties take place.
 4. Building the CMS duties take place.
 5. Room the CMS duties take place.
 6. User's phone number.
 7. User's email (e.g., john.doe, john.doe.ctr, jdoe).
 8. If designee is a contractor, provide the name of the company and then fill out blocks 9-12.
 9. Contract number.
 10. Contract expiration date.
 11. Contract COR's name.
 12. COR's telephone number.
 13. Enter the user's highest access required for this job.
 14. User's clearance.
 15. User's citizenship.
 16. Check boxes for applicable restrictions.
 17. Name of the project.
 18. Brief justification for designation as a CMS User status, and then complete a-c.
 19. Requester's name and title (Division Head and above only).
 20. Requester's signature.
 21. Date.
 22. Department Head (or Acting) name.
 23. Department Head (or Acting) signature.
 24. Date.
- Note:** Blocks 25-27 are to be filled out after the CMS User Training is completed by the designee.
25. Type CMS user name.
 26. CMS user signature.
 27. Date signed.