

CAMS-ME Rel 1.1 DEV ACCESS REQUEST FORM Instruction Sheet

PLEASE PRINT LEGIBLY OR TYPE, EXCEPT WHERE SIGNATURES ARE REQUIRED.

ADMINITRACK #: This field is for use by Help Desk personnel only.

REQUEST STATUS: Please select the appropriate checkbox. If you do not have an existing user account on either CAMS-ME DEV or QAS, check "NEW." If you already have an existing user account on either the DEV system or the QAS system, check "CHANGE" and include your userid for that system. The "DELETE" box should only be used if access to DEV and/or QAS is no longer required.

USER INFORMATION: Please provide all requested information.

Name information: Enter first name, middle initial, last name.

Organization: User's current government organization. .

City & State: Location of the user's government organization.

Phone: User's phone number, including area code and extension, if appropriate.

USERID: This field is for use by those requesting a Change or Delete for an already existing CAMS-ME user.

User Email Address: Email address of the user.

User signature: Please complete this field once this form is completed and has been printed.

Date: Date of this access request.

AFFILIATION: Check the appropriate box. If you select "Government," please provide the Government agency where you are employed. If you select "Contractor," please provide your company's name and address, along with the Government agency where you are employed.

SAP ACCESS REQUIRED: Please check the appropriate box(es). The user must select a User Profile(s) and, if required for the selected User Profile(s), indicate the need for a Developer Key and/or an OSS ID. If you require assistance with this information, please contact your Team Lead.

TEAM LEAD AUTHORIZATION: After you have completed the sections described above, print this form and sign it. Give the form to the Team Lead. The Team Lead will then fill out the appropriate section and give to your supervisor for approval.

After your supervisor fills out the bottom section of the form, fax it to the CAMS-ME Help Desk: (614) 693-2733. If desired the user may email the completed and signed form to the following email address: **CAMS-ME-helpdesk@DFAS.MIL**.

PLEASE NOTE THAT INCOMPLETE FORMS WILL NOT BE PROCESSED.