

CAMS-ME Rel 1.1 QAS ACCESS REQUEST FORM

<u>REQUEST STATUS:</u> <input type="checkbox"/> NEW -OR- <input type="checkbox"/> CHANGE -OR- <input type="checkbox"/> DELETE			
<u>USER INFORMATION:</u>			
First Name	MI	Last Name	Organization
_____	_____	_____	_____
City	State	Phone	USERID (Chg / Del only)
_____	_____	_____	_____
User Email Address	User Signature	Date	
_____	_____	_____	
<u>AFFILIATION:</u> <input type="checkbox"/> Government _____ <input type="checkbox"/> Contractor			
(please specify Government Agency)			
If contractor employee, _____			
please enter your employer's _____			
name and address: _____			
<u>SAP ACCESS REQUIRED:</u> Select the appropriate role based on your duties on the project.			
Test Lead (via Solution Manager)	<input type="checkbox"/> 434 (config/gold)	<input type="checkbox"/> 404 (dev)	
Test Team (via Solution Manager)	<input type="checkbox"/> 434 (config/gold)	<input type="checkbox"/> 404 (dev)	
Tester (via Solution Manager)		<input type="checkbox"/> 404 (dev)	
Technical Team Access:	Training	<input type="checkbox"/> 204 (master)	<input type="checkbox"/> 214 (training)
	Testing	<input type="checkbox"/> 224 (test)	<input type="checkbox"/> 234 (gold)
	Solution Manager	<input type="checkbox"/> 404 (dev)	<input type="checkbox"/> 434 (config/gold)
	Data Load Validation	<input type="checkbox"/> 254 (data master)	
Technical Access requested as	<input type="checkbox"/> Basis Team	<input type="checkbox"/> Help Desk	<input type="checkbox"/> Development Lead
	<input type="checkbox"/> Training Instructor	Training Dates: _____	
		Training Location: _____	
<u>TEAM LEAD AUTHORIZATION:</u>			
	Team Lead USERID	_____	
Team Lead Name (please print)	Team Lead Signature	Date	
_____	_____	_____	
Team Lead Email	Phone		
_____	_____		
<u>SUPERVISOR APPROVAL:</u>			
Supervisor Name (Please Print)	Supervisor Signature	Phone	Date
_____	_____	_____	_____

CAMS-ME Rel 1.1 QAS 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). If you require assistance, please contact your Team Lead. At the bottom of this section, the user must identify their role on CAMS-ME Rel 1.1: Basis Team Member, Help Desk, Development Lead or Training Instructor. Training Instructors must also include the date of the class and location of the training.

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.