Workiva User Access Request Form

Form OCFO-WDesk

Section A: User Information

1. Requestor's Name: Last Name | First Name | Middle Name

2. Requestor's Job Title:

3. Employment Status *(Checkmark box)*
Federal ☐ Contractor ☐

4. Request Date:

5. Email Address:

6. Phone No.:

7. User Responsibility Agreement Statement

I am responsible for logon/logoff, all actions pertaining to the use of my assigned access, and will not provide my access to another person. I agree that access to computer data or files not authorized to me is prohibited. I understand my access may be suspended indefinitely if I violate security procedures or fail to provide update information for Section A whenever I change job positions. I agree that misuse of the USDA Government computer system may result in disciplinary action and/or criminal prosecution. I understand that any detected misuse of a computer system will be reported to the proper authorities.

Signature _____ Date _____

8. Manager's Responsibility Agreement Statement

I agree that modifications to existing service agreements will require additional Form OCFO-Wdesk requests. I agree that this logon ID will be used for authorized work within the scope of my organization. I also agree that upon termination or transfer of the user, I will advise the Office of the Chief Financial Officer (OCFO) Management or his/her designee in writing as to the disposition of the computer files and/or data and logon ID. I will periodically review the use of the assigned logon ID and computer files and/or data.

Manager's Name (please print) _____ Signature _____ Date _____ Phone No. _____

Approved ☐ **Disapproved** ☐

Section B: Workiva Access Requested

9. Describe Support Required (check appropriate box)

Access Request Type *(CHECK ONLY ONE)*: New ☐ Change ☐

☐ Access to Workiva — Select a Role

☐ Section of the Agency Financial Report (AFR) (*See AFR Lead Sheet)* — Enter the AFR Section Name Here

10. User Acknowledgement *(Users requesting system access must read, sign and date prior to submitting this form)*

- I have read and understand the Disclosure Statement, the USDA Government Acceptance User Policy and the Rules of Behavior
- Decisions in personnel matters involving disciplinary action will be based on the assumption that I am familiar with the security requirements presented in these rules and policies and I am aware of my obligation to abide by them.
- I understand that systems require security to protect users and system files from unauthorized access.
- I have completed this form to the best of my abilities.

Print name _____ User signature _____ Date _____

Section C: Workiva Management Approval

11. Software Approval

_____ Date _____ ☐ Approved ☐ Disapproved

Manager's Signature

Section D: Workiva Management Use Only

12. Date Received:
13. Date completed:
14. Activation Date:
15. Comments/Special instructions:

OCFO: Upon request, a copy of the completed/approved form will be provided to the user's agency.