



## IPAC Agency Administrator Designation Form

IAA - check one box:

New Request

Update

Revoke Access

### IPAC Agency Administrator Information

Name (First, Middle Initial, Last) \_\_\_\_\_  
 Agency Name \_\_\_\_\_  
 Street Address 1 \_\_\_\_\_  
 Street Address 2 \_\_\_\_\_  
 City, State Zip code \_\_\_\_\_  
 Country \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Master ALC<sup>1</sup> \_\_\_\_\_

### Alternate IPAC Agency Administrator Information

Name (First, Middle Initial, Last) \_\_\_\_\_  
 Agency Name \_\_\_\_\_  
 Street Address 1 \_\_\_\_\_  
 Street Address 2 \_\_\_\_\_  
 City, State Zip code \_\_\_\_\_  
 Country \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Master ALC<sup>1</sup> \_\_\_\_\_

Complete the appropriate table(s) below, providing your Agency Location Code (ALC) or Payroll Office Number. In the audit responsibility column provide the last name of the IAA that will be responsible for performing the quarterly user reviews. Check the appropriate applications for which the above administrator(s) will be responsible.

ALC	Audit Responsibility	Application	
		IPAC	TRACS

Payroll Office	Audit Responsibility	Application
		RITS

\_\_\_\_\_  
 Name and Title  
 of Authorizing Official

\_\_\_\_\_  
 Signature of Authorizing  
 Official

\_\_\_\_\_  
 Telephone  
 Number

\_\_\_\_\_  
 Date

<sup>1</sup> Master ALC – IAA's primary Agency Location Code.

Fax completed form, along with the IAA Responsibility Agreement, to the  
 IPAC Enrollment Department at (202) 874-6170.



## IPAC Agency Administrator Responsibility Agreement

This form is in compliance with the Privacy Act of 1974 (Section 552a, 5 U.S.C.), Section 301, 5 U.S.C., Section 3105, 44 U.S.C., 18 U.S.C. 3056, and the Treasury Departmental Offices Directive DO 216. The information you provide on this form will be used principally to aid in the completion of your access request to FMS systems. All or part of this information may be furnished to Federal, State, local and public agencies in the event a violation of law is disclosed.

Completion of this form is voluntary; however, failure to complete the form requested will result in no consideration for access to FMS systems. Although no penalties are authorized if you do not provide the requested information, failure to supply information will result in your not receiving access to FMS systems.

### Responsibilities:

I am aware that the *Financial Management Service (FMS)* policy is to treat all information as an asset, whether it is computer programs, software, data or other information collected, stored, and generated in the conduct of its business. To the best of my ability, I will protect information from unauthorized use, modification, destruction, or disclosure, whether accidental or intentional.

I am aware of the policies and requirements of FMS and agree to abide by them.

I will NOT attempt to circumvent any of the security mechanisms within the IPAC system.

I will safeguard Logon IDs and Passwords entrusted in my control.

I will ensure that proper authorizations on request forms are checked.

I will ensure that all fields on the request forms are complete and correct.

I will issue Logon IDs, Passwords and Access on a need-to-know basis.

I will ensure proper record keeping of all information processed.

I will comply with all security-related policies, standards, procedures and practices.

I will notify FMS' GOALS Customer Support Staff at 202-874-8270 of any known or suspected violation of information security policy, procedures, or threat to IPAC resources.

### **IPAC Agency Administrator ACKNOWLEDGMENT**

I have read and understand the IPAC Agency Administrator Responsibility Agreement and agree to abide by it.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Agency / Bureau: \_\_\_\_\_

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IPAC Enrollment Department at (202) 874-6170.

## Due Diligence Guidelines

It is very important to verify the identity of the Federal Program Agency<sup>1</sup>, their IPAC Agency Administrator<sup>2</sup>, and End User<sup>3</sup>. The general rule is the more sensitive the information, the more exhaustive the verification process.

1. The Federal Program Agency will provide a written list, with the names of at least two support contacts (IPAC Agency Administrators) including contact information to FMS. One contact name shall be designated as Primary and the other(s) as Alternate(s). The individuals identified as IPAC Agency Administrators must have the level of authority at the Federal Program Agency to determine whether an End User should be given access to the requested IPAC application(s).
  2. After FMS has received a signed IPAC Agency Administrator Responsibility Agreement from the IPAC Agency Administrator(s), FMS will accept completed IPAC User Request Forms from the IAA's users, and issue the IAA(s) their Logon ID(s) and Password(s) that will enable them to enroll End Users to the IPAC system.
  3. An IPAC User Request Form containing the name and other required identification of the individual End User requesting a Logon ID and application access will be completed by either the End User or the IPAC Agency Administrator. The IPAC Agency Administrator must verify that the End User is who they say they are and can be authorized to access the application(s), which have been requested. At a minimum, this will require the signature of the End User's management on the IPAC User Request Form. Other existing procedures may also be used. *Note, if the IPAC Agency Administrator is also the End User's management, the alternate IPAC Agency Administrator should verify the request.*
  4. After the End User is verified and the request is authenticated, the IPAC Agency Administrator can then process the request.
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<sup>1</sup> **Federal Program Agency** – business entity requiring access to the IPAC system.

<sup>2</sup> **IPAC Agency Administrators** – term for the individual(s) identified formally by the Federal Program Agency as trusted to authorize requests for other individual(s) at their Agency to access the IPAC system on their behalf.

<sup>3</sup> **End User** – an individual person employed by a Federal Program Agency who has a business need for access to the IPAC system.