**RETURN TO:**
RACF Administration
Dept. of Public Instruction
Submit to: https://ncgov.servicenowservices.com/sp dpi

**PURPOSE: Site Security Officer Use Only**
To maintain (add, delete, change) employee
RACF User-id access authority to the State
Computer Center Mainframe.

**Write legibly or print**

**DUE DATE:** Five days prior to your effective access requirements.     **QUESTIONS:** RACF Security, 919/716-1840

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## PART-1     SITE SECURITY OFFICER (See instructions for Part-1 on reverse side)

Site Name: _____ ;  **Site ID**.(_____)

Division: _____

**CHECK** the option that applies to the RACF-ID and PRINT the full name of the employee:
(___)     Add an Employee RACF-ID **(complete part-2).**
(___)     Reassign:    RACF-ID#_____From employee: _____ **(complete part-2)**
(___)     Modify:       RACF-ID#_____ For Employee: _____
(___)     Delete:       RACF-ID#_____For employee:    _____
(___)     Revoke:      RACF-ID#_____For employee:    _____
(___)     Resume: RACF-ID#_____For employee:    _____

**What system does this employee need access too? CM (_) MSA (_) SADLS (_) DMV (_)  Txtbk (_)**

**Print Name:** _____     **Phone:** _____

**Signature:** _____     **Date:** _____
                    (Site Security Officer)

## PART-2     EMPLOYEE INFORMATION for a New or Reassigned RACF-ID Request;
            **Must be completed by the employee (See Part-2 instructions on reverse side.)**

Employee Name: _____     _____     _____
                    First                                    M Initial       Last

Job Title:     _____Work address:_____

Phone:   _____     _____

SSN:        _____  **(Last four digits only;  see Instructions for Part-2)**

**Signature:** _____     Date:   _____

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**INSTRUCTIONS FOR COMPLETING PART-1:**     The site security officer is responsible for completing PART-1 and for assuring the accuracy of PART-2 information.

**Site Name:**    Print the immediate name of your organization.  For example, local education agency name.

**Site  ID:**    Pre-assigned unit, school, division, etc., site code, <u>when applicable.</u>

**Office/Title:**    Print the agency office name or appropriate title <u>when applicable.</u>  For example, Controller's office; Deputy State Superintendent;  Assistant Sate Superintendent of ...;  etc.

**Division:**    Print the name of the agency division <u>when applicable.</u>  For example, Division of Auditing & Accounting.

*Check:*    Check the specific type of actions that the mainframe security coordinator should perform. Employee names should always specify the FIRST name, MIDDLE INITIAL, and LAST name.

**Add:**    Check this block to create a RACF-id for an employee.  Employee must complete PART-2.

**Reassign:**    Check this block to reassign a RACF-ID to another employee.  The employee must complete PART-2.

**Delete:**    Check this block to delete an employee's RACF-id.  Print the employee's RACF-ID and full name.  **Employees who do not use the network facilities at least once every two months are good candidates for deletion**.

**Revoke:**    Check this block to revoke an employee's access.  Print the employee's RACF-ID & full name.  Revocation suspends access authority without deleting the ID or password.

**Resume:**    Check this block to resume access of a revoked RACF-id. Print employee's ID & name.

**Intent:**    Specify the mainframe application the employee intends to access with his/her new userid.

**Normal Access:**    **Update access** requires an **approved CICS02 FORM** from the proper application coordinator.

**Special Access:**    <u>Internal use only</u>. For DPI application system developers only.

**Signature:**    RACF03 Forms that are not properly signed and dated <u>will not be honored</u> by the DPI security personnel.

**INSTRUCTIONS FOR COMPLETING PART-2**: This section must be completed & signed by the employee.

**Employee Name:**    Print your First name, Middle Initial, and Last name.

**Job Title:**    Specify your working job title.

**SSN:**    **We request a minimum of the last 4 digits of your Social Security Number** to be used to verify who you are during phone calls with the Help Desk.   If you prefer not to provide your SSN, then you must provide a "secret word" of your choice as a substitute.

**Agency Ids**    Specify any TSO or RACF IDs that you have been assigned that allow(ed) access to the state computer. This includes any currently assigned ID by another state agency.

**Signature:**    Your Signature attests that the information given is accurate and that you will not use the state computer facilities for other than business related purposes and that you will, to the best of your knowledge, comply to the rules and policies of the State Computer Center.