Instructions

Human Resource System Access

There are two new forms for accounts which replaced the old SANAR Form, the two new forms required are now the DD 2875 (SAAR) and the "Employee User Request Form". These forms are found in CPOL (log in at top right of page) under the home tab, by selecting Account Request Information in the box titled "Welcome to the CPOL Links." These forms must be digitally signed and cannot be scanned, as they required a final digital signature once accounts are built. Forms are also accessible at http://www.chra.army.mil/a char/tools/gps/view.asp?ID=134.

When completing the forms there are a couple of "hints" to be offered that are not listed in the instructions. Please note that these hints are not the only fields required on the forms:

DD2875 SAAR-(Attached what we use to verify all required data on the SAAR) User ID under Type of Request should be your AKO username as it shows in the AKO Person Look up (some users guess).

System Name (Platform or Applications) You can enter "See User Request Form". This let them know to look at the User Request Form to see what systems are needed.

*****Common fields missed are blocks 10, 16, 17, 20 a-c, 22, 23, 24 and Part III.

Employee User Request Form-

- 1) Your Servicing Region is ARWE West Region (but only if you are serviced out of Fort Huachuca CPAC; work with your servicing CPAC to complete otherwise).
- 2) Note that there are 2 Fort Huachuca selections ST DCIPS Fort Huachuca and EJ Fort Huachuca.

- 3) Type of Accounts, this is for DCPDS access.
- -MGA is for those who will initiate RPAs
- -MGR is for those who will approve RPAs (If in a non-supervisory position, a memo from the organization that delegates the non-supervisory user to have supervisory/authorizing access in DCPDS is REQUIRED).
- -RMM is for Resource Managers
- 4) Organization codes can be found in CPOL>Manager Tab>Select Employee>Org Structure (top of page) OR CPOL>Manager Tab>Org Structure. ***Someone with a Manager Tab in CPOL can assist with determining the organization.
- 5)Requestor-Can be listed as person requesting RPA, Authorizer-Can authorize RPAs (managers), Reviewer (this is for RMM accounts).
- If you have a -MGA account, your permissions should be Initiator and Requestor If you have a -MGR account, your permissions should be Initiator, Requestor, and Authorizer
- If you have a -RMM account, your permissions should be Reviewer only *Don't forget the supervisor's signature

Enclosure 3

System Authorization Form Review/Acceptance Guidance

CHRA - DD form 2875 (SAAR) Instructions:

If ANY of the "Required" information listed below is not received or is not legible the request must be returned to the user for correction.

FIELD	GUIDANCE			
TYPE OF REQUEST	Required. Check box for Initial, Modification or Deactivate IS Required. User ID Required for Modification or Deactivation.			
DATE	Not Required. Other dates on the form can be used if needed			
SYSTEM NAME	Required . Users must list ALL systems in this Block OR make reference to an attached User Request Form (URF) (i.e. See attached URF).			
	We CANNOT accept "Written In" entries in this area. If you need additional space, use Block 27 to continue listing Systems for which you are requesting access.			
	See Enclosure 4 for a List of Systems administered by CHRA.			
LOCATION	Not Required.			
1. NAME	Required.			
2. ORGANIZATION	Required.			
3. OFFICE SYMBOL	Not Required.			
4. PHONE	Required. (Not Required for account deactivation.)			
5. EMAIL ADDRESS	Required.			
6. JOB TITLE AND GRADE / RANK	Required. (Not Required for account deactivation.)			
7. OFFICIAL MAILING ADDRESS	Not Required. Contacts are made via phone or email.			
8. CITIZENSHIP	Required. Check box for US, FN, or OTHER. If OTHER is			
	checked, provide additional information in block 27.			
	(Not Required for account deactivation.)			
9. DESIGNATION	Required. Check box for MILITARY, CIVILIAN, or			
OF PERSONNEL	CONTRACTOR. (Not Required for account deactivation.)			
10. IA TRAINING	Both the check box and the date are Required. Date must be			
	within 12 months of the employee signature date. (out of			
	format date can be accepted if legible).			
	(Not Required for account deactivation.)			
11. USER SIGNATURE	Required. (Not Required for account deactivation.)			
12. DATE	Not Required if electronic signature. Required if ink			
	signature.			
13. JUSTIFICATION FOR ACCESS	Not Required.			

SUBJECT: CHRA Administered Account Maintenance, CHRA Standard Operating Procedure (SOP) No. ISD-15-SOP-XX

14. TYPE OF	Not Required. Only 'authorized' accounts are established		
ACCESS	regardless of indicator marked.		
15. USER	Acceptable if blank. Return if marked 'Classified'. Only		
REQUIRES	'unclassified' access is established regardless of indicator		
ACCESS TO:	marked.		
16. VERIFICATION	Required. Check box. (Not Required for account		
OF NEED TO	deactivation.)		
KNOW			
16a. ACCESS	Required if block 9 indicates "Contractor".		
EXPIRATION DATE	(Not Required for account deactivation.)		
17. SUPERVISOR'S	Required.		
NAME			
18. SUPERVISOR'S	Required.		
SIGNATURE			
19. DATE	Not Required with electronic signature. Required with ink		
	signature.		
20. SUPERVISOR'S	Required.		
ORG			
20a.	Required.		
SUPERVISOR'S			
EMAIL ADDRESS			
20b. PHONE	Required.		
NUMBER			
21. SIGNATURE OF	Not Required.		
INFORMATION			
OWNER/OPR			
21.a. PHONE	Not Required.		
NUMBER			
21.b. DATE	Not Required with electronic signature. Required with ink		
	signature.		
22. SIGNATURE OF	Required. (Not Required for account deactivation.)		
IAO OR	The state of the s		
APPOINTEE			
23. ORGANIZATION	Required. (Not Required for account deactivation.)		
24. PHONE	Required. (Not Required for account deactivation.)		
NUMBER			
25. DATE	Not Required with electronic signature. Required with ink		
	signature.		
26. NAME	Not Required.		
27. OPTIONAL	Not Required. Information from page one of the 2875 may be		
INFORMATION	present here instead of the appropriate blocks.		
5	protection increase of the appropriate product		

D .	(OOD)		100 45 0	00 1/1/
Procedure	(SOP)) No.	1SD-15-S	OP-XX

28. TYPE OF INVESTIGATION	Required. Minimum of NACI or equivalent. - For U.S. employees, the appropriate background investigation must be initiated - For foreign nationals, the appropriate background investigation must be completed and favorably adjudicated before access may be granted See Enclosure 5 for additional Investigation levels. (Not Required for account deactivation.)
28a. DATE OF INVESTIGATION	Required. (Not Required for account deactivation.)
28b. CLEARANCE LEVEL	Required. Secret, Top Secret, or None. (Not Required for account deactivation.)
28c. IT LEVEL DESIGNATION	Required. Level III is the minimum for access. (Not Required for account deactivation.)
29. VERIFIED BY 30. SECURITY MANAGER PHONE NUMBER	Required. (Not Required for account deactivation.) Required. (Not Required for account deactivation.)
31. SECURITY MANAGER SIGNATURE	Required. (Not Required for account deactivation.)
32. DATE	Not Required with electronic signature. Required with ink signature.
PART IV	CHRA ISD Representative will complete the DATE PROCESSED, PROCESSED BY, and DATE fields in Part IV of the DD 2875. If multiple ISD representatives process the request, the representative processing the DCDPS portion of the request will sign in Part IV. If the DD form 2875 does not pertain to DCDPS, any ISD representative can sign in Part IV.
DATE PROCESSED	Required.
PROCESSED BY	Required.
DATE	Required.