Shaded Boxes for US Postal S	Service use Only				_			
			tal Service Imputer Acces		₋ogon ID Assio	gned		
				ing form on reverse side.)				
Section A: User Identification								
1. Requestor's Name				2.eAccess Unique ID or L	ast 4 Digits o	of SSN	3. Area <b>N/A</b>	4. Finance No. <b>N/A</b>
5. Requestor's Job Title				6. Employment Status (Cl	heck one)	☐ Contractor		Temporary
7 11000 0					asual	Foreign	<u>X</u>	Nonpostal
7. USPS Organization/Department <b>N/A</b>				8. USPS or Company Ma	iling Address	(Include ZIP+	4)	
9. Telephone No.								
10. District Code and Name <b>N/A</b>								
11. User Responsibility Agreement Sta I am responsible for Logon/Logoff, all actions pe authorized to me is prohibited. I understand my logo I agree that misuse of a USPS computer system Inspection Service.  (Read Privacy	ertaining to the use of my ass on ID may be suspended indef may result in disciplinary acti	finitely if I ion and/o	violate se r criminal	ecurity procedures or fail to provide it	update information y detected misus	n for Section A who e of a computer s	enever I c	hange job positions.
Signature						Date		
12. Manager Responsibility Agreement I agree that modifications to existing service agr organization. I also agree that upon termination or t will periodically review the use of the assigned logor	eements will require additionar ransfer of the user, I will advis	e the Cor						
USPS Manager's Name (Please print)	Logon ID	Signa	ature		Date	Telephor	ne No.	
Section B: Computer Access Re	equested							
13a. Describe Support Required	<u> </u>					Eagan Data	a Conf	or
X Logon ID (Circle one): New	) Change Delete			X Facility Where Access	Is Required:			
□ DDE/DR: Access Code:	User Type:			☐ List Existing Logon IDs				
Access for Delivery	Confirmation Syster	m		Access for Confirm Sys	tem			
PPP Dial-up Acc	-			☐ Web Site Access				
PTSMFTP.I	USPS.GOV			☐ File Transmission Acc	count			
Access for Entry In	formation System			Access for Performance	Reporting	System		
☐ Web Site Access			☐ Web Site Access					
☐ File Transmissio	n Account							
13b. Resource Name				13c. Sensitive or	13d. Access	Level Require	ed	
(Additional room is availab	ole on the reverse side	:)		Proprietary		(See instru	uctions)	<u> </u>
Section C: Computer Access Ap	pprovals							
14. Contractor Information (Must be co		cting O	fficer's	Representative (COR))				
a. Does the Contract Contain Provis				b. Contract Number:				
1. Screening?	(55.0 100 01	Yes	No					
2. Security of Information?		Yes	No	c. Contract Expiration Da	te:			
3. Privacy of Information?		Yes	No					
4. Contractor Screening by the I	nspection Service?	Yes	No	d. USPS Organization/De	epartment: _			
15. USPS COR's Name (Please Print)		Signa	ature		Date	Telephor	ne No.	
16. Functional System Coordinator's N	ame (Please Print)	Signa	ature		Date	Telephor	ne No.	
17. Logon ID Administrator's Name (Ple	ease Print)	Signa	ature		Date	Telephor	ne No.	

# Instructions for Completing PS Form 1357-S

Note: Please print all entries except for signatures. Incomplete information may cause delays in implementation or return of this form.

#### Section A: User Identification

- 1. Print your full name.
- 2. Enter your eAccess Unique Identifier or last 4 digits of Social Security Number.
- 3. Enter your Area.
- 4. Enter your Finance Number.
- 5. Enter your official job title.
- 6. Enter your employment status.
- 7. Specify your work organization.
- 8. Enter your USPS or company mailing address (include ZIP+4).
- 9. Enter your telephone number.
- 10. Enter your District Code and District Name, if applicable.
- 11.Read and understand the User Responsibility Agreement Statement \* and Privacy Act Statement (printed below) before signing and dating this document.
- 12. Your USPS manager must read and understand the Manager Responsibility Agreement Statement \* prior to affixing his/her name, Logon ID (Unique Identifier), signature, date, and phone number.

### Section B: Computer Access Requested

13a. Please check, circle, and describe the support that you will require. Specify any system compilers or other special software required in support of your request. Include all data access (CICS transaction IDs, IDMS codes, etc.) requirements or any special security required of the system or data. Include any support services (data entry, etc.) needed. Estimate the number of service hours required per week in support of your request. Special access request to the DDE/DR system will require DDE/DR Functional System Coordinator to supply the access code and user type.

- 13b. Enter the name of the application(s) or resources to which access is sought.
- 13c. Specify if applications or files within applications are sensitive or proprietary.
- 13d. Specify the appropriate access level to applications and files.

READ access allows a user to read and copy, but not to changea filename or it's contents.

WRITE access allows a user to change the contents of or delete a file, to create files within a catalog or directory, and may permit renaming and relocating files.

EXECUTE access allows a user to execute or use a program file, but generally not to see or change it.

ALLOCATE access allows a user to delete, rename, catalog, uncatalog, or archive a file.

## **Section C: Computer Access Approvals**

- 14a-d. The Contracting Officer's Representative (COR) will complete this block -- reference the Administrative Support Manual (ASM); Procurement Manual (PM); and Handbook AS-805. If the contractor has not been screened, the contractor must complete and attach PS Forms 2025 and 2181 with this request.
- 15. The COR will complete Block 14 before entering his/her name, signature, date, and phone number.
- 16. To approve grants of access, the Functional System Coordinator enters his/her name, signature, date, and phone number.
- 17. The person (Logon ID Administrator) responsible for creating a logon ID for a user enters his/her name, signature, phone number, and date. The Logon ID Administrator must also indicate in the upper left hand corner of PS Form 1357-S where the original of this PS Form 1357-S will be kept and in the upper right hand corner the Logon ID assigned.
- \* Additional responsibilities can be found in Handbook AS-805 and Administrative Support Manual (ASM).

### **Privacy Act Statement**

The collection of this information is authorized by 39 U.S.C. 401 and Public Law 100-235, Computer Security Act of 1987. This information will be used to assign computer logon IDs by which access to data and/or files on computer systems is limited to authorized persons through the use of computer security access control products. As a routine use, this information may be disclosed to a congressional office at your request; to OMB for review of private relief legislation; to a labor organization as required by the NLRA; where pertinent, in a legal proceeding to which the USPS is a party; to an appropriate law enforcement agency for investigative or prosecutorial purposes; to a government agency where relevant to a hiring, contracting, or licensing decision by the requesting agency; to a government agency in order to elicit information relevant to a hiring, contracting, or licensing decision by the USPS; to an expert or consultant under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Equal Employment Opportunity Commission for investigating a formal EEO complaint filed against the USPS under 29 CFR 1613; and to the Merit Systems Protection Board or Offices of Special Counsel for proceedings involving possible prohibited personnel practices. Completion of this form is voluntary; however, if this information is not provided, you may not be granted a computer logon ID.

13b. Resource Name	13c. Sensitive or	13d. Access Level Required (See instructions)			
(Continued from front)	Proprietary				