Access Management System
AMS Admin Role Request Form
Instructions

Form Description: Request to have an AMS Role assigned to your AMS digital identity.
Instructions: A separate AMS Personnel Security Administrator form is required for *each* role you would like assigned to your digital identity. All fields are required unless otherwise noted.

1. User completes Section 1 to initiate request and forwards form to their supervisor with signed copy of the HHS Application Rules of Behavior form at http://www.hhs.gov/ocio/policy/hhs-rob.html. All information in Section 1, with the exception of Mobile Phone, is required.

2. User's Supervisor completes Section 2: User's Supervisor Approval Section and forwards to the designated Personnel Security Administrator for the user's organization with the signature page of HHS Rules of Behavior form. Please login to AMS and go to the Help Page on the AMS Home Tab for a list of AMS Personnel Security Administrators.

3. Personnel Security Administrator(s) completes Section 3: Personnel Security Administrator Approvals and forwards the completed copy, together with the signature page of HHS Rules of Behavior form, to the AMS Authorizing Agent. Please login to AMS and go to the Help Page on the AMS Home Tab for a list of AMS Authorizing Agents.

4. AMS Authorizing Agent completes Section 4: Authorizing Agent Approval verifies form completion, and forwards, together with the signature page of HHS Rules of Behavior form, to the AMS PMO Office.

Please send questions regarding this form to the following email address: IAMAMSPMO@hhs.gov

Section 1: User Information

Name (Last, First, M.I. - please **print** legal name) _____

Employee Position Title _____

Employment Category   Federal Employee   Contractor

Email Address (HHS email address preferred) _____

Desk Phone: _____   Mobile Phone: _____

HHS (10 digit ID appearing on the back of your PIV card) _____

OpDiv (please check off an operating division from the following list that best represents your current work assignment.)
[Check one OpDiv only—>]

ACF	CMS	NIH	SAMHSA
AHRQ	FDA	OIG	
ACL	HRSA	OS	
CDC	IHS	PSC	

Select desired AMS Administrator Role:

AMS Tier 1 Helpdesk
This role is for OneDHHS support desk users

AMS Tier 2 Helpdesk
This role is for OneDHHS Tier 2 only

AMS Tier 2 OpDiv Administrator   OpDiv Affiliation: _____
This role is for OpDiv administrators to allow   *(Please list one or more OpDiv Affiliations you intend to manage)*
user management for their OpDiv and selected affiliation

AMS Super Administrator
*This role is **only** for system developers and administrators*

I have completed the **Annual IT Security Awareness Training:** ☐ YES ☐ NO

I accept the responsibility for the system to which I am granted access and will not exceed my authorized level of system access. I understand that my access may be revoked or terminated for non-compliance with Department of Health and Human Services (HHS) security policies. I accept responsibility to safeguard the information contained in this system from unauthorized or inadvertent modification, disclosure, destruction, and use. I understand and accept that my use of the system may be monitored as part of managing the system, protecting against unauthorized access and verifying security problems. I agree to notify the appropriate organization that issued my account when access is no longer required.

USER SIGNATURE _____   DATE (mm/dd/yyyy) ____/____/____

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Section 2: User's Supervisor Approval

APPLICANT'S PRINTED NAME

_____

REASON FOR ACCESS

_____

VERIFICATION
By signing below, the Supervisor is confirming the need for assignment of the AMS administrator role, specified above, to the applicant's digital identity as well as confirming that the information presented in the User Information section of this form is accurate and complete.

EMPLOYMENT OR CONTRACT EXP. DATE (if applicable)

_____/_____/_____

Printed SUPERVISOR'S NAME/TITLE   Supervisor Signature

_____ _   _____

SUPERVISOR'S PHONE NO.   SUPERVISOR EMAIL   DATE (mm/dd/yyyy)

_____   _____   ____ / ____ / _____

Section 3: Personnel Security Administrator Approval

1. Select the appropriate checkbox below to verify that the applicant has signed the application Rules of Behavior. **Note**: The signature page for the application Rules of Behavior must be signed and submitted back to the Authorizing Agent along with this completed AMS Admin Role Request Form.

☐ YES   ☐ NO

2. Confirm that favorably adjudicated fingerprints have cleared and that required investigation has been initiated or completed
    Note: AMS Tier 1 Helpdesk role, AMS Tier 2 Helpdesk role and AMS Tier 2 OpDiv Administrator role require *Level - 5 Public Trust Background Investigation* and AMS Super Administrator role requires *Level - 6 Background Investigation*.

Level - 5 Public Trust   Level - 6 Public Trust   NO

PERSONNEL SECURITY ADMINISTRATOR NAME (please **print**) _____
  and
SIGNATURE _____   DATE (mm/dd/yyyy) _____/_____/_____

Section 4: Authorizing Agent Approval

Authorization is approved for the user identified above to access AMS with privileges commensurate with the role/access level identified above.

AUTHORIZING AGENT NAME (please **print**) _____ _____ DATE (mm/dd/yyyy) _____/_____/_____

AUTHORIZING AGENT SIGNATURE   _____

AUTHORIZING AGENT EMAIL   _____

Instructions to Authorizing Agent
  1) Verify that individual has signed the application rules of behavior form for the application
  2) Check that all questions on both pages have been completed and that entries are legible
  3) Email scanned image this Request Form **and** Rules of Behavior signature page to the AMS Program Management Office IAMAMSPMO@hhs.gov