Access Management System
AMS PIV Exception Request Form

Form Description: Request to have a PIV exception assigned to your AMS digital identity.
Instructions: 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. 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, together with the signature page from the Rules of Behavior, to the AMS PMO Office.

Please send questions about AMS to the following email address: IAMAMSPMO@hhs.gov

IMPORTANT: Exceptions will only be granted for 508 accommodation, Outside the Continental U.S. (OCONUS), pending badge issuance, or any of the additional reasons listed below.

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): _____

Work Location: _____

Desk Phone: _____   Mobile Phone: _____

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

Reason for PIV Exeception: 508   OCONUS   Temporary employee, contractor or intern*

                         Pending badge issuance   Forgot PIN or PIV Card**   Other

*Temporary employee, contractor, or intern are those with employment less than 180 days; Requested End Date of PIV exception cannot exceed 180 days
**Forgot PIN or PIV card expires after 1 day

PIV Exception Justification (if Other is selected):

Requested End Date of PIV Exception: _____

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) ____/____/____

Section 2: User's Supervisor Approval

Applicant's Printed Name:

_____

Reason for PIV Exception:

_____

Verification

By signing below, the Supervisor is confirming the need for assignment of the PIV Exception 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 expiration date (if applicable):

_____ / _____ / _____

Printed Supervisor's Name/Title:

_____

Supervisor Signature:

_____

Supervisor's Phone Number:

_____

Supervisor's Email:

_____

Date: (mm/dd/yyyy)

_____ / _____ / _____

Section 3: Internal Use Only

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

Authorizing Agent Name: (please **print**)

_____

Date: (mm/dd/yyyy)

_____/_____/_____

Authorizing Agent Signature:

_____

Authorizing Agent Email:

_____