

U.S. Postal Service
Request for Computer Access
 (Instructions for completing form on reverse side.)

Original PS 1357 Located at: _____

Logon ID Assigned _____

Section A: User Identification

| | | | |
|--|--|------------|----------------|
| 1. Requestor's Name | 2. Social Security No. | 3. BA Code | 4. Finance No. |
| 5. Requestor's Job Title | 6. Employment Status (<i>Check one</i>) <input type="checkbox"/> Contractor <input type="checkbox"/> Temporary <input type="checkbox"/> Career <input type="checkbox"/> Casual <input type="checkbox"/> Foreign <input type="checkbox"/> Nonpostal | | |
| 7. USPS Organization/Department | 8. USPS or Company Mailing Address (Include ZIP + 4) | | |
| 9. PEN Telephone No. Commercial Telephone No. | | | |
| 10. MSC Code and Name | | | |
| 11. User Responsibility Agreement Statement I am responsible for Logon/Logoff, all actions pertaining to the use of my assigned logon ID, and will not provide my logon ID to another person. I agree that access to computer data or files not authorized to me is prohibited. I understand my logon ID may be suspended indefinitely if I violate security procedures or fail to provide update information for Section A whenever I change job positions. I agree that misuse of a USPS computer system may result in disciplinary action and/or criminal prosecution. I understand that any detected misuse of a computer system will be reported to the Inspection Service. (Read Privacy Act Statement on reverse side before signing. Note: Privacy Act Statement MUST be on reverse side of this form.) Signature _____ Date _____ | | | |
| 12. Manager Responsibility Agreement Statement I agree that modifications to existing service agreements will require additional Form 1357 requests. I agree that this logon ID will be used for authorized USPS work within the scope of my organization. I also agree that upon termination or transfer of user, I will advise the Computer Systems Security Officer in writing as to the disposition of the computer files and/or data and logon ID. I will periodically review the use of the assigned logon ID and computer files and/or data. Manager's Name (Please Print) Social Security No. Signature Date PEN/Commercial Phone No. | | | |

Section B: Computer Access Requested

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|--|-------------------------------|--|
| 13a. Describe Support Required <input type="checkbox"/> Logon ID (Circle one): New Change Delete <input type="checkbox"/> Facility Where Access Is Required: _____ <input type="checkbox"/> DDE/DR: Access Code: _____ User Type: _____ <input type="checkbox"/> List Existing Logon IDs & Facilities: _____ | | |
| 13b. Resource Name (Additional room is available on the reverse side) | 13c. Sensitive or Proprietary | 13d. Access Level Required (See instructions) |
| | | |

Section C: Computer Access Approvals

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| 14. Contractor Information (Must be completed by the Contracting Officer's Representative (COR)) | | | |
| a. Does the Contract Contain Provisions for (Circle Yes or No): | | b. Contract Number: _____ | |
| 1. Screening? | Yes No | c. Contract Expiration Date: _____ | |
| 2. Security of Information? | Yes No | d. USPS Organization/Department: _____ | |
| 3. Privacy of Information? | Yes No | | |
| 4. Contractor Screening by the Inspection Service? | Yes No | | |
| 15. USPS COR's Name (Please Print) | Signature | Date | PEN/Commercial Phone No. |
| 16. Functional System Coordinator's Name (Please Print) | Signature | Date | PEN/Commercial Phone No. |
| 17. Logon ID Administrator's Name (Please Print) | Signature | Date | PEN/Commercial Phone No. |

Instructions for Completing PS Form 1357

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 Social Security Number.
3. Enter your Budget Authorization Code.
4. Enter your Finance Number.
5. Enter your official job title.
6. Enter your employment status.
7. Specify your work organization, e.g. IRMD; Phoenix Division; Central Region, Finance; Systems and Programming, San Mateo PDC.
8. Enter your USPS or company mailing address (include ZIP + 4).
9. Enter your PEN and commercial phone numbers.
10. Enter your MSC Code and MSC 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 manager must read and understand the Manager Responsibility Agreement Statement * prior to affixing his/her name, Social Security Number, 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.

* Additional responsibilities can be found in Handbook AS-805, ADP Security, and Administrative Support Manual (ASM).

Include the ISP System name (ISP System/Subsystem Name/Index Name) if known.

- 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 change a 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, ADP Security. 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. Computer Systems Security Officer (CSSO) or the person (Logon ID Administrator) responsible for assigning a logon ID to 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 Form 1357 where the original of this Form 1357 will be kept and in the upper right hand corner the Logon ID assigned.

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