

# NATIONAL FINANCE CENTER AGENCY DISTRIBUTED SECURITY ADMINISTRATOR DESIGNATION FORM

*Please complete one form for each security administrator*

DEPARTMENT	AGENCY		
SUB-AGENCY	EFFECTIVE DATE: <i>(Date designated as a security officer if known, if not, list current)</i>		
NFC USER ID	DSA ROLE <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		DISTRIBUTED SECURITY ADMINISTRATOR <input type="checkbox"/> webTA <input type="checkbox"/> EmpowHR
DISTRIBUTED SECURITY ADMINISTRATOR NAME	PHONE	EMAIL	
CHIEF INFORMATION SECURITY OFFICER NAME	PHONE	EMAIL	
CHIEF INFORMATION SECURITY OFFICER TITLE	CHIEF INFORMATION SECURITY OFFICER SIGNATURE		DATE
<b>AMB USE ONLY</b>			
REMEDY TICKET NUMBER	DATE		
APPLICATION NAME <input type="checkbox"/> webTA <input type="checkbox"/> EmpowHR	ADMINISTRATOR NAME		

FORM AD-3100-DSA (Revised 12/15)