

# ACRES TIME SHARING REQUEST FORM

CREATE NEW CUSTOMER
  MODIFY EXISTING CUSTOMER
  DELETE EXISTING CUSTOMER

## 2. CUSTOMER INFORMATION

A. NAME	B. TIME SHARING CUSTOMER ID	C. SOCIAL SECURITY NUMBER
D. TELEPHONE NUMBER <i>(Include Area Code)</i>	E. FACILITY (STATION) NUMBER/SUFFIX	F. MAIL ROUTING SYMBOL OR STOP CODE
G. JOB TITLE		H. SUBSYSTEM APPLICATION FUNCTION CODE (SAFC)
I. IF FOR CONTRACTOR, OR IF TEMPORARY ACCESS, SHOW EXPIRATION DATE <i>(Month, day, year)</i>		J. EMPLOYER <i>(For Contractor or Other Government Organization)</i>
K. OFFICE ADDRESS <i>(Street, City, State, Zip Code, for Contractor or Other Government Organization)</i>	L. NT USERNAME	M. NT DOMAIN

## 3. FUNCTIONAL TASKS

CHECK APPROPRIATE		FUNCTION TASK CODES	CONCURRING SYSTEM MANAGER OF RECORD (SMR) DESIGNEE SIGNATURE & TITLE <i>(If required)</i>
ADD	DELETE		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

## 4. SIGNATURES

REQUESTING OFFICIAL & TITLE	DATE
APPROVING OFFICIAL & TITLE	DATE
SECOND APPROVING OFFICIAL & TITLE <i>(If required)</i>	DATE
FACILITY POINT OF CONTACT	DATE

## INSTRUCTIONS FOR COMPLETING THE ACRS TIME SHARING REQUEST FORM

Items not shown are self-explanatory

### 1. Action Requested

Create New Customer	Check if customer does NOT have a Time Sharing Customer Identification.
Modify Existing Customer	Check if modifying an existing customer account.
Delete Existing Customer	Check if customer (a) no longer uses time sharing resources, (b) has transferred to another facility, or (c) has left government service.

If customer has transferred, a delete and a create form will be required.

### 2. Customer Information

- a. Name - If Veterans Administration employee, name must match name in PAID system.
- b. Time Sharing Customer Identification - Enter 7 character Austin Time Sharing Customer Identification. This is required for modify or delete actions.
- c. Social Security Number - If Veterans Administration employee, Social Security Number must match Social Security Number in PAID system.
- g. Job Title - as shown in position description.
- h. Subsystem Application Function Code (SAFC) - Enter four character code.
- i. Expiration Date - Required for contractors.
- j. Employer - Required for contractors and other government employees.
- k. Office Address - Required for contractors and other government employees.
- l. N.T. Username - Required for contractors and other government employees.
- m. N.T. Domain - Required for contractors and other government employees.

### 3. Function Tasks

List Functional Tasks by Task Code Number. For assistance contact your Facility Point of Contact.