Department of Veterans Affairs

ACRS TIME SHARING REQUEST FORM

PRIVACY ACT STATEMENT: The information is solicited under authority of Title 38, United States Code and Executive Order 9397 and is necessary to accomplish the action requested by the requester, including establishing, modifying or deleting a Time Sharing Customer Account. Furnishing the information on this form, including your Social Security Number, is voluntary; however, if the information is not furnished, we will be unable to take further action on your request.

NOTE: Information from this form is used to establish a Time Sharing Account.

1. ACTION REQUESTED *(Check only one of the three items)*

☐ 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 *(Include area code)*	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 *(Month, day, year)*	J. EMPLOYER *(For Contractor or Other Government Organization)*	

K. OFFICE ADDRESS *(Street, City, State, Zip Code, for Contractor or Other Government Organization)*

NOTE: See reverse for instructions.

3. FUNCTIONAL TASKS

CHECK APPROPRIATE BOX		FUNCTIONAL TASK CODES	CONCURRING SYSTEM MANAGER OF RECORD (SMR) DESIGNEE SIGNATURE & TITLE *(If required)*
ADD	DELETE		

4. SIGNATURES

REQUESTING OFFICIAL & TITLE	DATE
APPROVING OFFICIAL & TITLE	DATE
SECOND APPROVING OFFICIAL & TITLE *(If required)*	DATE
FACILITY POINT OF CONTACT	DATE

INSTRUCTIONS FOR COMPLETING THE 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 ID.
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 VA employee, name must match name in PAID system.

   b. Time Sharing Customer ID - Enter 7 character Austin Time Sharing Customer ID
   This is required for modify or delete actions.

   c. Social Security Number - if VA employee, SSN must match SSN in PAID system.

   g. Job Title - as shown in position description.

   h. Subsystem Application Function Code (SAFC) - Enter four character accounting 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

3. Functional Tasks

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

PRIVACY ACT STATEMENT - Information from this form is used to establish, modify, or delete a Time Sharing Customer Account. Collection of the Social Security Number is authorized by Executive Order 9397. Furnishing the information on this form, including the Social Security Number, is voluntary, but failure to do so may result in disapproval of this request.