

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: 1	Informatio	n from this form is used to establish a Time Shari	ng 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 Governmen	tt 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			
	ı		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 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 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 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. Function Tasks

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