

## Master Administrator Designation Form

**Check one box:**

- New Request
- Update
- Revoke

SSO UserID: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Agency: Bureau: \_\_\_\_\_ Department: \_\_\_\_\_

Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

***Check this box to acknowledge that to be assigned the role of Master Administrator, any existing IPAC roles assigned to this user for the ALCs requested will be revoked.***

***A separate form must be completed to Revoke the existing Master Administrator for the listed ALC(s).***

Complete the table below, providing the Agency Location Codes (ALCs) of the Master Administrator.

ALCs					

By signing below, the officer (Chief Financial Officer, Deputy Financial Officer, Director of the Office of Finance, Office of Accounting or comparable unit) certifies that he/she is duly authorized by the agency/organization to designate who may serve as the Master Administrator of the above named ALCs. The authorizing individual agrees to be responsible on behalf of the agency/organization.

\_\_\_\_\_  
Printed name and Title of Authorizing Official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Work Telephone #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

If the Master Administrator being designated is a Third Party Shared Service Provider, an Authorizing Official signature is required by the Agency for which the Agency Location Code (ALC) is established in the Central Accounting Reporting System (CARS).

\_\_\_\_\_  
Printed name and Title of Authorizing Official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Work Telephone #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

## Due Diligence Guidelines

It is very important to verify the identity of the Federal Program Agency<sup>1</sup>, their Master Administrator<sup>2</sup>, Agency Administrator<sup>3</sup>, and End User<sup>4</sup>. The general rule is the more sensitive the information, the more exhaustive the verification process.

1. The Federal Program Agency will provide a name of a Master Administrator (MA) per agency bureau or department designated with the authority to determine whether an Agency Administrator (AA) and/or End User should be authorized as an Agency Administrator and/or End User for the IPAC application.  
*Note: A Master Administrator cannot be a User or an Agency Administrator for the same ALC.*
2. The Master Administrator will designate at least one support contact as Agency Administrator. The individual identified as Agency Administrator must have the level of authority at the Federal Program Agency to determine whether any End User should be allowed access to the requested IPAC application.
3. The Master Administrator will receive a request for action for an Agency Administrator or End User via the IBM Security Identity Manager (ISIM) provisioning application. The Master Administrator has the sole responsibility for approving requests for the Agency Administrator access. End user roles may be approved by either the Master Administrator or Agency Administrator. The responsible Administrator must verify the identity of the Agency Administrator and/or End User submitting the request and whether he/she can be authorized to access the functionality in application which has been requested. When the Administrator receives notice of a pending request for action, he/she must log into the ISIM application and approve/reject the request as appropriate.

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<sup>1</sup> **Federal Program Agency** – business entity requiring access to the IPAC system.

<sup>2</sup> **Master Administrator** - term for the individual(s) identified formally by the CFO or Deputy CFO as trusted to authorize requests for other individual(s) at their Agency to access the IPAC system on their behalf.

<sup>3</sup> **Agency Administrator** – term for the individual(s) identified formally by the Master Administrator as trusted to authorize requests for other individual(s) at their Agency to access the IPAC system on their behalf.

<sup>4</sup> **End User** – an individual person employed by a Federal Program Agency who has a business need for access to the IPAC system.



## Master Administrator Responsibility Agreement

This form is in compliance with the Privacy Act of 1974 (Section 552a, 5 U.S.C.), Section 301, 5 U.S.C., Section 3105, 44 U.S.C., 18 U.S.C. 3056, and the Treasury Departmental Offices Directive DO 216. The information you provide on this form will be used principally to aid in the completion of your access request to the Bureau of the Fiscal Service systems. All or part of this information may be furnished to Federal, State, local and public agencies in the event a violation of law are disclosed.

Completion of this form is voluntary; however, failure to complete the form requested will result in no consideration for access to the Bureau of the Fiscal Service systems. Although no penalties are authorized if you do not provide the requested information, failure to supply information will result in your not receiving access to the Bureau of the Fiscal Service systems.

### Responsibilities:

I am aware that the Bureau of the Fiscal Service's policy is to treat all information as an asset, whether it is computer programs, software, data or other information collected, stored, and generated in the conduct of its business. To the best of my ability, I will protect information from unauthorized use, modification, destruction, or disclosure, whether accidental or intentional.

I am aware of the policies and requirements of the Bureau of the Fiscal Service and agree to abide by them.

I will NOT attempt to circumvent any of the security mechanisms within the IBM Security Identity Manager (ISIM) and IPAC system.

I will safeguard Logon IDs and Passwords entrusted in my control.

I will ensure that proper authorizations on requests are checked.

I will ensure that all fields on the requests are complete and correct.

I will issue Logon IDs, Passwords and Access on a need-to-know basis.

I will ensure proper record keeping of all information processed.

I will comply with all security-related polices, standards, procedures and practices.

I will notify the Treasury Support Center at 877-440-9476 of any known or suspected violation of information security policy, procedures, or threat to IPAC resources.

### **Master Administrator ACKNOWLEDGMENT**

I have read and understand the Master Administrator Responsibility Agreement and agree to abide by it.

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Agency / Bureau/ Department:** \_\_\_\_\_

Completed form, along with the signed Responsibility Agreement may be faxed to the Treasury Support Center at 866-707-6575 or emailed to [IPAC@stls.frb.org](mailto:IPAC@stls.frb.org).