Supervisor Request Form

Please type or legibly print information

Check one box:  □ New Request  □ Update  □ Revoke
□ Name Change  □ Email Address Change

Section I – New Supervisor Information

Name: __________________________________________ (First, Middle Initial, Last)

Organization/Agency Name: __________________________________________

ITIM User ID (If applicable): __________________________ Work Phone: __________________________

Work Address: __________________________________________

City: _______________ State: __________ Zip Code: __________________________

Email Address: __________________________________________

Signature: __________________________ Date: __________________________

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 Financial Management Service (FMS) systems. All or part of this information may be furnished to Federal, State, local and public agencies in the event a violation of law is disclosed. Completion of this form is voluntary; however, failure to complete the form requested will result in no consideration for access to FMS 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 FMS systems.

TCIS Supervisor Enrollment Form
Updated: 03/07/2019

Email this signed registration form to the Treasury Support Center at TCIS_TSC@stls.frb.org or fax to 1-866-707-6574