5035000069

L M C W

U.S. Department of Health and Human Services
Public Health Service Commissioned Corps

COMMISSIONED OFFICER LEAVE TRACKING (COLT) SYSTEM
LEAVE MAINTENANCE CLERK USER REGISTRATION REQUEST

INSTRUCTIONS FOR COMPLETION: Enter the appropriate information in the boxes and Circles below. Do not write outside of the provided spaces as this information will Be optically scanned.

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box. The following will serve as an example:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

First Name **MI** **Last Name**

E-Mail Address

(Area Code) WORK Telephone Number

( ) - ext

Admin Code

Leave Maintenance Clerk Social Security Number

- -

OPTIONAL FORM 99 (7-90)

FAX TRANSMITTAL # of pages:

To	From
Dept/Agency	Phone #
Fax #	Fax #

Operating Division/Program Head

I hereby request that the above-named person be registered as a user of the Public Health Service Commissioned Corps' (PHSCC) Commissioned Corps Systems Branch (CCSB) Computer System. I further understand that I MUST notify the CCSB Security Administrator and PHSCC's Approving Official, at (301) 594-0961, within 24 hours, when the above-named person is transferred, reassigned or terminated.

Signature Date:__/__/____

Type or Print Name: _____

Registered User (Leave Maintenance Clerk)

I acknowledge that I have received a security briefing, have read and agree to abide with the Rules of Behavior, and that the User ID I receive allowing me access to the COLT system is to be used only for the purpose of conducting official business. I understand that I am responsible for the safeguard of the password, and that any disclosure of my password or unauthorized use of the system will be considered a serious breach of security, and could lead to disciplinary action and/or prosecution under Title 18 U.S.C.

Signature Date:__/__/____

MIS Approving Official

Print Name: _____ Date:__/__/____ Signature: _____

Privacy Act Statement for Form PHS-7038

This statement is provided pursuant to the Privacy Act of 1974, Records System: 09-40-0001, "PHS Commissioned Corps General Personnel Records," HHS/PSC/HRS. The information you provide on this form will be used to update the COLT System database and will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The social security number is requested to uniquely identify each registered user.

PHS 7038 12/08

Fax to: (240) 453-6134