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POLICY BULLETIN #13-105-OPE

REVISIONS TO POS ACCESS REQUEST FORM

Date: December 4, 2013	**Subtopic:** Forms
🖳 This procedure can now be accessed on the FIAweb.	The purpose of this policy bulletin is to inform all Job Center and Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Center staff that the POS Access Request Form (**M-327J**) has been revised. The (**M-327J**) is used to enroll new users in POS and transfer functionality to staff assigned to a new location. Three new fields were added in Section 2 of the form: • Citywide Reporting • Paperless Alternate Module (**PAM**) • Rental Assistance Data Base (**RAD**) A sample of the form is attached. *Effective Immediately* **Related Items:** CD #05-10 **Attachments:**
🖳 Please use Print on Demand to obtain copies of forms.	**M-327J** POS Access Request Form (Rev. 12/4/13)

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: *(917) 639-0298*

Distribution: X

NYC Human Resources Administration | Family Independence Administration
Department of Social Services

POS Access Request Form

Instructions:

- The Enrollment Coordinator must complete Sections **1, 2** and **3** with the Worker's assistance and submit this form to the Center Director or Deputy Director for review and approval.
- The Center Director or Deputy Director must complete Section **4**, scan the completed form to his/her PC then e-mail it to **HelpDesk-POS** via HRA Outlook as an attachment to the e-mail.

Enrollment type: ☐ New POS user　☐ Transfer

Section 1 — Staff Member Information

Request Date _____

Last Name _____　First Name _____

WMS User ID _____　LAN ID _____

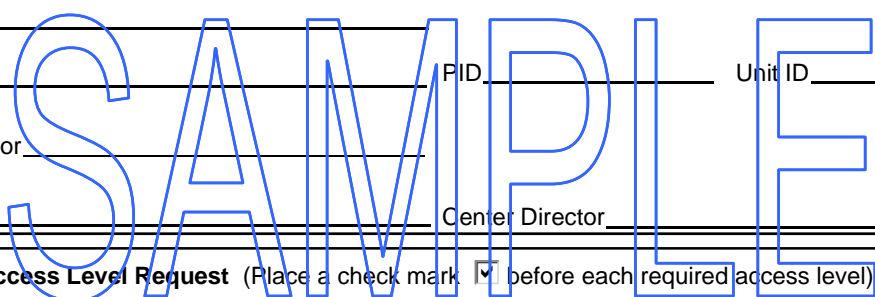Title _____　Telephone Number _____

Location _____　Floor No. _____　Cubicle No. _____

Department _____

Computer Name _____　PID _____　Unit ID _____

Enrollment Coordinator _____

LAN Administrator _____　Center Director _____

Section 2 — POS Access Level Request (Place a check mark ☑ before each required access level)

☐ Review case　☐ Approve actions　☐ Assign actions
☐ Scanning/indexing　☐ Print (from POS)　☐ Enrollment
☐ Perform case actions　☐ Register applications　☐ Paperless Alternate Module (PAM)
☐ Perform action on other Center's cases　☐ Citywide Reporting　☐ Rental Assistance Database (RAD)
☐ POS Management Console　☐ Perform budget

　(If yes, which center(s)? _____)

Section 3 — Justification (Please explain why access is required) _____

_____
_____
_____
_____

Section 4 — Authorized By

Name _____　Title _____

Phone Number _____

FOR OFFICE USE ONLY

☐ Request approved
☐ Request denied (reason for denial) _____

Completed by _____　Date completed _____