**MCFRS DIVISION OF VOLUNTEER SERVICES**

**Personnel Information Management System (PIMS) User Request Form**

Please fill out and return to: Admin. Spec. II Ruthie Wills, Montgomery County Fire and Rescue Service

Division of Volunteer Services, 100 Edison Park Drive, Gaithersburg, MD 20878

Date of Request: \_\_\_\_\_\_\_\_\_\_\_

User Function: (Check All Functions Needed)

|  |  |
| --- | --- |
|[ ]  IECS Updates (READ-ONLY ACCESS FOR EVERYTHING ELSE) | Apps\_PIMS\_Chiefs |
|[ ]  Membership Updates and Adding Membership Records | Apps\_PIMS\_Chair |
|[ ]  LOSAP Coordinator | Apps\_PIMS\_LosapCoordinators |
|[ ]  Training Coordinator | Apps\_PIMS\_Chair  |
|[ ]  LFRD Internal Affairs (READ-ONLY ACCESS) | Apps\_PIMS\_IntAffairsStaff |
|[ ]  FROMS (READ-ONLY ACCESS) | Apps\_PIMS\_FROMSstaff |
|[ ]  SCBA Shop (Updates SCBA Fit Test Results) | Apps\_PIMS\_SCBA |
|[ ]  (No LFRD) MCFRS Division of Volunteer Services Administration  | Apps\_PIMS\_Admin |
|[ ]  (No LFRD) MCFRS IECS Administration  | Apps\_PIMS\_IECSadmin |

|  |  |
| --- | --- |
| [ ]  Add New User | [ ] Update Current User |

|  |  |
| --- | --- |
| Name of User (Last, First, MI): |  |
| Department:  |  |
| Alternate Email Address: |  |
| Phone numbers: |  |
| Reason for Access: |  |
| How long is access required? |  |
| Do you already have a Mont. County email? If YES, what is your user name? If not, County email will be assigned. |  |

***Adding a new PIMS User? PLEASE TELL US WHO TO REMOVE:***

|  |
| --- |
| **🗷Remove User** |

|  |  |
| --- | --- |
| **Name of User (Last, First, MI):** |  |

|  |
| --- |
|[ ]  ***I have read, understand and agree to abide by the Montgomery County, Maryland Computer Security Policy and the Internet, Intranet, & Electronic Mail Policy.*** |
|[ ]  ***I understand that I will be sent an email from the Enterprise Security Office from the ISATP Administrator (currently Joan Cole) informing me that I must take the mandatory Information Security Awareness Training Program (ISATP) and if I don’t complete the training within 30 days, my account will be deleted.***  |
|[ ]  ***I also agree that I will keep my account active by signing in at least once every 30 days.*** |
|[ ]  ***I understand that I will not be granted access to PIMS until I have completed the ISATP program and provided a screenshot of the completion to Ruthie Wills.*** |

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Signature, Requestor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

LFRD Approver, Chief or Designee LFRD Approver Title Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

DVS Approver – Chief Hinde or Designee DVS Approver Title Date

*Form Updated: 12/28/2017*