

## ENCLOSURE 2

### User guide to Complete TAM Form 381

#### 1. TYPE OF REQUEST

Check the appropriate box regarding the circumstances for the request.

INITIAL – new account

MODIFICATION – change to existing account (fill in the USER ID)

DEACTIVATE – remove an existing account (fill in the USER ID)

#### 2. DATE

Enter the date of the request.

#### 3. SYSTEM NAME (Platform or Applications)

Circle the appropriate platform(s) or application(s) being requested. Block 28 can be used to add additional platforms or applications that aren't listed.

#### 4. LOCATION

Enter the physical location where the user will be working from.

#### 5. PART I (To be completed by Requestor)

##### (1) NAME

Enter the requestor's name (e.g. Lastname, Firstname, MI)

##### (2) SOCIAL SECURITY NUMBER

Enter the requestor's social security number (e.g. 123-45-6789)

##### (3) ORGANIZATION/LOCATION

Enter the requestor's organization and location (e.g. CETAM, Winchester, Va)

##### (4) OFFICE SYMBOL/DEPARTMENT

Enter the requestor's office symbol/department (e.g. IM-S)

##### (5) PHONE (DSN OR Commercial)

Enter the requestor's phone number (e.g. 540-665-0123)

##### (6) OFFICIAL E-MAIL ADDRESS

Enter the requestor's official email address (e.g. [firstname.lastname@us.army.mil](mailto:firstname.lastname@us.army.mil))

##### (7) JOB TITLE AND GRADE/RANK

Enter the requestor's job title and grade/rank (e.g. Customer Support Specialist/GS11)

##### (8) OFFICIAL MAILING ADDRESS

Enter the requestor's official mailing address (e.g. 742 Evergreen Terrace, Springfield, Va 22222)

##### (9) CITIZENSHIP

Check the appropriate box to reflect the requestor's citizenship

- (10) **DESIGNATION OF PERSON**  
Check the appropriate box to reflect the requestor's affiliation
- (11) **IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS**  
After IA Training requirements have been met, check the box to indicate completion and enter the date of training completion
- (12) **USER SIGNATURE**  
The requestor signs the form, either digitally or manually, certifying the information above is correct
- (13) **DATE**  
Enter the date the form is signed by the requestor

**6. PART II – ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR**

- (14) **JUSTIFICATION FOR ACCESS**  
Enter the reason(s) for the account request
  - (14a.) **DATE OF BIRTH** - Enter the requestor's date of birth
  - PLACE OF BIRTH** – Enter the requestor's place of birth
  - IRAQI LOCAL NATION OR AFGHANISTAN LOCAL NATIONAL DOSSIER #** - Enter the requestor's dossier number only if their nationality is Iraqi or Afghan
- (15) **TYPE OF ACCESS REQUIRED**  
Check the appropriate box for required access (Authorized – all user accounts, Privileged – accounts with administrator credentials)
- (16) **USER REQUIRES ACCESS TO**  
Check the UNCLASSIFIED block (SIPRNet account requests are processed on a separate form)
- (17) **VERIFICATION OF NEED TO KNOW**  
The requestor's supervisor must check this block after verifying the requestor has a valid need-to-know to access the network
  - (17a.) **ACCESS EXPIRATION DATE** – If the requestor is a contractor, enter the company name, contract number and expiration date
- (18) **SUPERVISOR'S NAME**  
Enter the supervisor's name
- (19) **SUPERVISOR'S SIGNATURE**  
The requestor's supervisor signs the form, either digitally or manually, certifying the information on the form is correct
- (20) **DATE**  
Enter the date the form is signed by the supervisor
- (21) **SUPERVISOR'S ORGANIZATION/DEPARTMENT**  
Enter the supervisor's organization and department (e.g. CETAM IM-C)
  - (21a.) **SUPERVISOR'S E-MAIL ADDRESS** – Enter the supervisor's email address
  - (21b.) **PHONE NUMBER** – Enter the supervisor's phone number