



## IPAC CAIA-SailPoint IdentityIQ “Agency Approver” Designation Form

As a result of the IPAC migration to CAIA (multifactor authentication), the existing IPAC agency “Master Administrators” and “Agency Administrators” for each ALC will be imported to the new CAIA-SailPoint “Agency Approver” ALC group(s).

The CAIA-SailPoint “Agency Approver” ALC group members are the authorized approvers for all agency user role requests for the agency ALC. The “Agency Approver” groups are replacing the former “Master Administrator” and “Agency Administrator” roles in ISIM.

After a user submits their access requests in SailPoint IIQ, the user’s “Manager” (1<sup>st</sup> approver) will receive an email to approve the access request. Once approved, a second email is sent to the “Agency Approver” (2<sup>nd</sup> approval) to approve the access request. Once both approvals are complete, the user will be able to access the application and role based functions requested for the specific ALC.

**Check one box:**

- New Request
- Revoke

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Agency: Bureau: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Complete the table below, providing the Agency Location Codes (ALCs) of the Approver.  
Additional ALCs may be listed and attached in spreadsheets or Word documents.

ALCs					

By signing below, the officer (Chief Financial Officer, Deputy Financial Officer, Director of the Office of Finance, Office of Accounting or comparable unit) certifies that he/she is duly authorized by the agency/organization to designate who may serve as the “Agency Approver” of the above named ALCs. The authorizing individual agrees to be responsible on behalf of the agency/organization.

\_\_\_\_\_  
Printed name and Title of Authorizing Official      Signature      Work Telephone #      Date

\_\_\_\_\_  
Email Address

If the “Agency Approver” is being designated is a Third Party Shared Service Provider, an Authorizing Official signature is required by the Agency for which the Agency Location Code (ALC) is established in the Central Accounting Reporting System (CARS).

\_\_\_\_\_  
Printed name and Title of Authorizing Official      Signature      Work Telephone #      Date

\_\_\_\_\_  
Email Address



## Due Diligence Guidelines

It is very important to verify the identity of the Federal Program Agency<sup>1</sup>, their Agency Approvers<sup>2</sup>, and End Users<sup>3</sup>. The general rule is the more sensitive the information, the more exhaustive the verification process.

1. The Federal Program Agency will provide a name of a minimum of one IPAC “Agency Approver” per agency bureau, agency location code (ALC) or payroll office number (PON), designated with the authority to determine whether an End User should be authorized as an “Agency Approver” and/or End User for the IPAC application.
2. The “Agency Approver” will receive an email for all End User access requests via SailPoint IdentityIQ. The “Agency Approver” has the sole responsibility for approving access requests for End Users within their agency (ALC/PON). The “Agency Approver” is responsible to verify the identity of the End User submitting the access request and whether he/she is authorized to access the functionality in application which has been requested. When the “Manager” and “Agency Approver” receives the email of a pending access request for their agency, he/she must log into the SailPoint IdentityIQ and approve/reject the request as appropriate.

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<sup>1</sup> **Federal Program Agency** – business entity requiring access to the IPAC system.

<sup>2</sup> **Approver** - term for the individual(s) identified formally by the CFO or Deputy CFO as trusted to authorize requests for other individual(s) at their Agency to access the IPAC system on their behalf.

<sup>3</sup> **End User** – an individual person employed by a Federal Program Agency who has a business need for access to the IPAC system.

### COMMENTS:



## “Agency Approver” Responsibility Agreement

The information you provide on this form will be used principally to aid in the completion of your access request to the Bureau of the Fiscal Service systems. All or part of this information may be furnished to Federal, State, local and public agencies in the event a violation of law are disclosed. More information on Privacy Policy and Legal Notices is available at [www.fiscal.treasury.gov/privacy.html](http://www.fiscal.treasury.gov/privacy.html).

Completion of this form is voluntary; however, failure to complete the form requested will result in no consideration for access to the Bureau of the Fiscal Service 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 the Bureau of the Fiscal Service systems.

### Responsibilities:

I am aware that the Bureau of the Fiscal Service’s policy is to treat all information as an asset, whether it is computer programs, software, data or other information collected, stored, and generated in the conduct of its business. To the best of my ability, I will protect information from unauthorized use, modification, destruction, or disclosure, whether accidental or intentional.

- I am aware of the policies and requirements of the Bureau of the Fiscal Service and agree to abide by them.
- I will NOT attempt to circumvent any of the security mechanisms within SailPoint IdentityIQ and IPAC system.
- I will ensure that proper authorizations on requests are checked.
- I will ensure that all fields on the requests are complete and correct.
- I will ensure proper record keeping of all information processed.
- I will comply with all security-related polices, standards, procedures and practices.
- I will notify the Treasury Support Center at 877-440-9476 of any known or suspected violation of information security policy, procedures, or threat to IPAC resources.

### **APPROVER ACKNOWLEDGMENT**

I have read and understand the “Agency Approver” Responsibility Agreement and agree to abide by it.

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Agency / Bureau/ Department:** \_\_\_\_\_

Please completed the requested information along with the signed Responsibility Agreement, to the Treasury Support Center at email ([IPAC@stls.frb.org](mailto:IPAC@stls.frb.org))