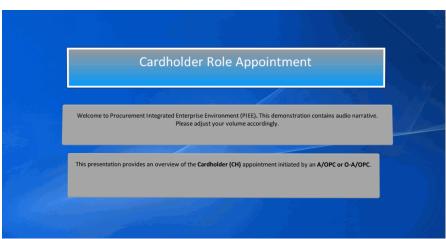
Intro



Cardholder Role Appointment

Welcome to Procurement Integrated Enterprise Environment (PIEE). This demonstration contains audio narrative. Please adjust your volume accordingly. This presentation provides an overview of the Cardholder (CH) appointment initiated by an A/OPC or O-A/OPC.

Step 1



The first step in the process is appointing a CH. In this demonstration the appointment process starts by logging into PIEE as an A/OPC or O-A/OPC. Once logged in, the user will select the JAM icon.

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A nominator with an A/OPC or O-A/OPC role will initiate the Cardholder appointment. Click the Cardholder Appointment option from the Create Appointment dropdown.

Step 3

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The A/OPC or O-A/OPC clicks the Select button in the Action column of the role and organization in which they will serve as the initiator for the Cardholder appointment.

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A list of available appointees under the span of control of the selected organization will be displayed. The A/OPC or O-A/OPC clicks the Select button in the Action column for the corresponding appointee.

Step 5

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The A/OPC or O-A/OPC will then enter all the required information. Required fields are indicated with an asterisk. To add any relevant training which has been completed, select the Add Training button.

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Click the Add button after entering Training information.

Step 7

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Enter an Email Address, then click the Lookup Direct Oversight A/OPC button. Select a user who will act as the direct Oversight A/OPC for the appointment by clicking the select button in the Action column. This is a required action.

Step 9

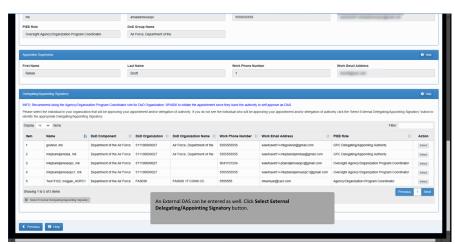
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If the initiator does not have Delegating/Appointing Signatory a Delegating/Appointing Signatory can be selected from the available list.

Step 11



An External DAS can be entered as well. Click Select External Delegating/Appointing Signatory button.

JAM Cardholder Appointment

Step 12

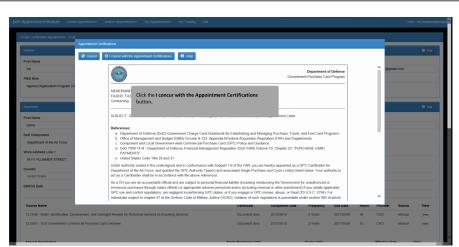
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Please select ti identity the app Display 10 Item 1 2 3 4 5 Showing 1 to	he individual in yoar organizati roopsile Delegating/Appointing Comparison of the second of the sec	Department of the Au Department of the Au Department of the Au Department of the Au Department of the Au	II C r Force 5 r Force 5 r Force 5 r Force 5	DoD Organization []] 511100000027 []] 511100000027 []] 511100000027 []] 511100000027 []]	DoD Organization Name 11 Air Force, Department of the Air Force, Department of the	Work Phone Number 11 000000000 000000000 9004101234 000000000	Work Email Address wardsecht-migshest@ymail.com wardsecht-migsbandjarsba@gmail.com wardsecht-nispbandjarsba@gmail.com wardsecht-nispbandjarsbace;@gmail.com	II PIE GP GP Ov com Ov	r EE Role C: Delegating/Apporting Authorly C: Delegating/Apporting Authorly ensight Agency/Organization Program ensight Agency/Organization Program	iller: II 1 Coordinator 1 Coordinator	Action Select Select Select Select Select
Please select ti identity the app Display 10 Item 1 2 3 4 5 Showing 1 to	he induidual in your organizati recentra bulgading Appointing many approximation of the second mappandjamdaa, mk mapbandjamoaopch, mk Test 5122, mogan, AOPCH 5 of 5 tems	Department of the Au Department of the Au Department of the Au Department of the Au Department of the Au	II C r Force 5 r Force 5 r Force 5 r Force 5	DoD Organization []] 511100000027 []] 511100000027 []] 511100000027 []] 511100000027 []]	DoD Organization Name 11 Air Force, Department of the Air Force, Department of the	Work Phone Number 11 000000000 000000000 9004101234 000000000	Work Email Address wardsecht-migshest@ymail.com wardsecht-migsbandjarsba@gmail.com wardsecht-nispbandjarsba@gmail.com wardsecht-nispbandjarsbace;@gmail.com	II PIE GP GP Ov com Ov	r EE Role C: Delegating/Apporting Authorly C: Delegating/Apporting Authorly ensight Agency/Organization Program ensight Agency/Organization Program	iller: II 1 Coordinator 1 Coordinator	Action Select Select Select Select Select

Enter the External Designating/Signatory information and then click the Continue button.

Step 13

Additional Details					
Direct Oversight Agency/Organization Program Coordinator					O Help
First Name	Last Name		Work Phone Number	Work Email Address	
mk	amiadamsoaopc		5555555555	And a second sec	
PIEE Role	DoD Group Name				
Oversight Agency/Organization Program Coordinator	Air Force, Department of the				
					1
Appointee Supervisor					O Help
First Name	Last Name		Work Phone Number	Work Email Address	
Renee	Scott		1	(An Alignment)	
Delegating/Appointing Signatory					O Help
INFO: Recommend using the Agency/Organization Program Coordinat First Name	Last Name	i initiate the appointment since the	y have the authority to self approve as DAS. Work Phone Number	Work Email Address	
			Work Phone Number		
Demo	builder			and the second s	
DoD Component	DoD Organization			Role	
			ormation has been entered in the ting Signatory section, click the Submit button.	ternal DAS	
C Reset Delegating/Appointing Signatory		Designating/Appoin	ung signatory section, click the Submit button.		
 Manual constrainty (constrainty constrainty) 					
Previous Sutemit O Cancel O Help					
Conter Conter					

Once the correct information has been entered in the Designating/Appointing Signatory section, click the Submit button.



Click the I concur with the Appointment Certifications button.

Step 15

sale Gardholder Appointment - Draft											
initiator Commenta	imit								- 1		O Help
First Name Comments											
mk									:@gm	al.com	
PIEE Role											
Agency/Organization Program Co Are you sur	e you want to subr	hit this appointment?									
Q Cancel	C Submit	Hdp									
Appointee									- 1		O Help
First Name		Last Name		Nork Phone Number			Work Email				
Demo		Last Name	_	work Phone Number		_	demotuid		ui com		
DoD Component		Enter Comments if needed and click	the Sub	mit button.			PIEE Role				
Department of the Air Force							Cardholde				
Vork Address Line 1		Work Address Line 2		Work Address Line 3			Work Addre	as Line 4			
16111 PLUMMER STREET		BLDG 10 2ND FLOOR									
Country		City		State			Zip				
		NORTH HLLS		California			91343-203	6			
DEROS Date		Existing Warranted Contracting Officer (Non-GPC)		Warrant Unlimited			Warrant Lin	nit			
		No									
Course Name				Certificate	Completion Date	Frequency	Due Date	Hours	Provider	Source	View
CLC046 - Better Identification, Development, and	Oversight Needed 1	or Personnel involved on Acquiring Services		Document docx	2019/05/10	2 Years	2021/05/09	18	CACI	Manual	Vev
CLG001 - DoD Government Commercial Purchas						2 Years	2021/05/09	10	CACI	Marual	View

Enter Comments if needed and click the Submit button.

ardholder Appointment - Pending Delegating/Appointing Sig	gnatory Approval		
FO: Email notification has been sent to the Delegating/Ap	ppointing Signatory.		
Initiator			0 in
First Name	Last Name	Work Phone Number	Work Email Address
mk	mkpbandjamaopc	5555555555	Appropriate the second part of t
PIEE Role	DoD Group Name	DoD Organization	DoD Organization Name
Agency/Organization Program Coordinator	Air Force, Department of the	FA3503	FA3503 380 EMXG QA
Comments	An email notification will be sent to the Delegatin	ng/Appointing Signatory to approve the	
Comments			• •
Comments	An email notification will be sent to the Delegatin	ng/Appointing Signatory to approve the Work Phone Number	
Comments Apportee First Name Demo	Last Name Buller	Wurk Phone Number	• •
Comments Apportee First Name Demo	Last Name	Work Phone Number	e na
Comments Apportune First Name Demo Demo Demo Demo Demo Demo Demo De	Last Rame Butler Dol Organization	Work Phone Number 1 DoD Organization Name	Vois Enal Address PEE Rost
Comments Apportee Part Name Domo Domo Domo Domo Domo Domo Domo Do	Lati None Buter Do Organation FACIO	Work Phone Number 1 Did Organization Name FAGOD 17 CONS CC	Ver Enal Address PEE Ros Carthodar
Comments Adjustme Adjustme First Name Datio Department de Adrose Work Address Line 1	Last None Isolor Do Organization FAXID Work Address Line 2	Work Phone Number 1 Did Organization Name FAGOD 17 CONS CC	Ver Enal Address PEE Ros Carthodar
Comments Apportune Apportune Print Name Dana Dana Dana Dopatiment Department of the Ar Force Wirk Address Line 1 16111 FLLAMAGER STREET	Last Nome Balan Dob Organization FAXID Weak Advins Line 2 BLO3 19 200 FLOOR	Work Phone Number 1 DeD Organization Name IFAX00 17 COMIC CO Work Address Line 3	Vois Enal Address Vois Enal Address PRE Role Controller Vois Address Line 4

An email notification will be sent to the Delegating/Appointing Signatory to approve the appointment.

Step 17

Rignere Notes Internet	Reply Reply Forward _	coss cost conte Name Coste Name	Bulez - DreNote OreNote O		A) Q (Read Zoom Report Aloud Speech Zoom		
	lelegating/Appointing Signatory	Approval Required for Cardholder Appointm	ent				
To OScott, Renee R Signed By There are problem	ns with the signature. Click the signature b	atton for details.					
This email was generate	ed in a Jax TEST 6.0.0 environment. If	you are a PRODUCTION user, then please ignore it.					
Demo builder,							
You have been designat	ted as the Delegating/Appointing Sigr	atory for the following appointment in the Joint Ap	pointment Module (JAM):				
Appointee Name: Demo	nt of the Air Force 330 - FA3030 17 CONS CC						
		can process this appointment within the Procurem	ert Integrated Enternrise Environmen	st (DIFF) by following these	sters		
Step 1: Open the Cardh	older Appointment by clicking this lin	k: https://pieetest01.caci.com/jam/token?emailerc on of the appointment and Approve the appointme	scott%40caci.com&token=dd3d13a3t			Sa33ed5b0c6	
NOTE: This email service	e is outbound only. We are unable to	receive and process replies to this mailbox.					
		The Delegating/App approve the appoint	ointing Signatory receiv tment.	res an email with	instructions and a	link to	

The Delegating/Appointing Signatory receives an email with instructions and a link to approve the appointment.

JAM Cardholder Appointment

Step 18

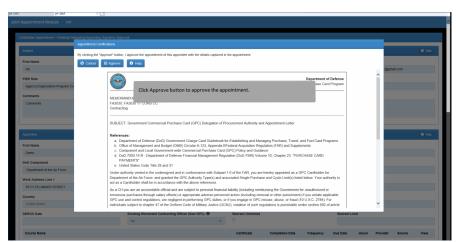
ardholder Appointment - Pending Delec	gating/Appointing Signatory Approva External Delegating/Appointing Sign				
Inflator					O Help
		uthority to sign the following GPC appointment lefter; including th Delegating Authority appointments.	g having been issued an SF-1402 Contracting Officer Warrant prior to	signing any Cardholder, OA/OPC with	
mk				albamai com	
PIEE Role	Ø Reject & Affirm				
Agency/Organization Program Coord		Air Force, Department of the	FA3503	FA3503 380 EMXIG GA	
Comments					
Comments					
Comments		Click the Affirm button			
Apportee					G Help
		Last Name	Work Phone Number	Work Email Address	O Help
Appointee First Name Demo		Last Name Builder	Work Phone Number		O Hep
First Name				Work Email Address	O Help
Pirst Name Demo		Builder	1	Work Email Address	O Help
First Name Demo DoD Component		Builder Dob Organization FA3030	1 DoD Organization Name FA9030 17 CONS CC	Work Email Address PIEE Role	O Hep
First Name Demo DoD Component Department of the Air Force		Builder DoD Organization	1 DoD Organization Name	Work Email Address PIEE Role Cardholder	O Hep
First Name Demo DeD Component Department of the Air Force Work Address Line 1 16111 PLUMMER STREET		Builder DoD Organization FA3050 Work Address Line 2 BLDG 10 2ND FLDOR	1 DoD Organization Name FA3030 17 CONS CC Work Address Line 3	Work Enable Address PREE Role Cardholodr Work Address Line 4	O Hep
First Name Demo DoD Component Department of the Air Force Work Address Line 1		Builder DoD Organization FA3030 Work Address Line 2	1 DoD Organization Name FA9030 17 CONS CC	Work Email Address PIEE Role Cardholder	O Hep
First Name Delto Dedt Component Department of the Air Force Work Address Line 1 16111 PLUMMER STREET Country Unded States		Butter CeD Organization FAX000 Work Address Line 2 RLDG 19 200 FLOOR City NORTH HELDS	1 Deb Organisation Nome FAXIon 51 CONIS CC With Antimes Line 3 Sam California	vork Small Address mEE Ros Cardioder Work Address Line 4 Zop ✓ 91533.2005	• Hep
First Name Demo DoD Component Department of the AF Force Work Address Line 1 16111 PLUMMER STREET Country		Dakter Deb Orgensteine FAXDD Werk Adamsa Line 2 R.D.D.10 JNOFFLOOR Crity MCRTH14L3 Exoting Varianted Contracting Offlace (Non-OFC) ©	1 DoD Organization Name //A030 17 CD45 CC Work Address Line 3 Safe	Vork Small Address Pate Rok Controlor Work Address Line 4 20	 Hep.
First Name Delto Dedt Component Department of the Air Force Work Address Line 1 16111 PLUMMER STREET Country Unded States		Dakter Deb Orgensteine FAXDD Werk Adamsa Line 2 R.D.D.10 JNOFFLOOR Crity MCRTH14L3 Excelling Varianted Contracting Offlace (Non-OFC) (0)	t DDD Organisation Nome FASIXID Tr CONT CC Wave Address Line 3 Same California Warrant Unionitied Warrant Unionitied	vork Small Address mEE Ros Cardioder Work Address Line 4 Zop ✓ 91533.2005	

Click the Affirm button.

Step 19

IEE Role		DoD Group						
Oversight Agency/Organiz	ation Program Coordin	ator Air Force.	Department of the					
Appointee Supervisor							O Help	
First Name		Last Name		Work Phone Number		Work Email Address		
Renee		Scott		1		100000000		
Comments								
Comments								
Delegating/Appointing Signal							G Help	
First Name		Last Name builder		Work Phone Number		Mark Reall Address		
Demo						and the second second		
DoD Component		DoD Organ	ization	DoD Organization Name		PIEE Role External DAS		
						External DAS		
Appointment Workflow							• Help	
Date	Action	Status	Review the information and click to at the bottom of the screen.	ne Approve button	Signature	PIEE Role		
2019/05/10 13:30:31	Submit	Pending Supervisor Approval	at the bottom of the screen.		Signature Not Required	Agency/Organization Program Coordinator		
2019/05/10 13:41:30	Approve	Pending Delegating/Appointin			Scott Renee	Appointee Supervisor		

Review the information and click the Approve button at the bottom of the screen.



Click Approve button to approve the appointment.

Step 21

ardholder Appointment - Pending Delegating/Appoi				
Confirm Ap	pprove			
Initiator Comments				O Help
First Name Comment	8			
тк				:@gmail.com
PIEE Role				
Agency/Organization Program Co Are you su	ire you want to approve this appointment?			
Comments 🖉 Cano	el 🕑 Approve 🚺 Help			
Comments	a G Approve G Hap			
	Enter Comments if needed a			
		nd click the Approve button.		
A	Litter comments in needed a	nd click the Approve button.		
Appointee	Enter comments in needed a	nd click the Approve button.		O Hep
Appointee First Name	Last Name	nd click the Approve button. Work Phone Number	Work Email Add	
			Work Email Add	7035
Pirst Name Demo	Last Name	Work Phone Number		7035
Pirst Name Demo	Last Name Builder	Work Phone Number	demobulidercat	7035
First Name Domo DoD Component	Last Name Butter DoD Organization	Work Phone Number 1 DeD Organization Name	demotuildercar PIEE Role	ress Siĝgmal com
First Name Demo DoD Component Department of the Air Force	Last Name Builder DeD Organization FA000	Work Proces Number 1 DoD Organization Name FA000 17 CONS CC	demobulidercal PIEE Role Cardholder	ress Siĝgmal com
Prist Name Demo Dob Component Department of the Air Force Work Address Line 1	Last Name Dutor Do Crganization FA0000 Work Address Line 2	Work Proces Number 1 DoD Organization Name FA000 17 CONS CC	demobulidercal PIEE Role Cardholder	ress Siĝgmal com
First Name Domo DoD Component Department of the Air Force Work Address Line 1 16111 PLUMMER STREET	Last Name Dubr Dub Organization FA0000 Work Address Line 2 RDG 19 260 PL 004	Work Room Number 1 Ded Organization Name / ADDD 17 COND CC Work Address Line 3	demotuilderca PIEE Role Cardholder Work Address L	ress Siĝgmal com
Doto Component Doto Component Department of the AV Force Work Address Line 1 31111 FLUMMER STREET Country	Las Rome Duber Dub Organization FA0000 Work Address Line 2 ROD 59007 ACOR Cop 9	Work Rhow Number 1 Bod Organization Name / XXB03 / CONI CC Work Address Line 3 Hate California	demobulderca PIEE Role Cardholder Work Address L Zip	ress Siĝgmal com

Enter Comments if needed and click the Approve button.

		5			
	E signature requirement has changed		prowsers. Click <u>here</u> for n	nore information.	
O Cancel	ଙ Sign		1		
	Continue with the Signature p visit the FAQ Certificate Mod				nentication

Continue with the Signature process and sign with Authentication method displayed. For additional help with Smart Card Authentication visit the FAQ Certificate Modernization section of the WBT on the Homepage under Info for all Users.

Step 23

MAL =5 MA	×									
Cardholder Appointment - Pending Appo	ointee Approval									
INFO: Appointment has been approved.	Email notification has been sent	to the Appointee.								
Initiator					O Help					
First Name		Last Name	Work Phone Number	Work Email Address						
mk		mkpbandiamaopc	5055050505	WORK EININ AUGUESS						
PIEE Role		DoD Group Name	DoD Organization	DoD Organization Name						
Agency/Organization Program Coor	rdinator	Air Force, Department of the	FA3503	FA3503 380 ENXG QA						
Comments										
Appointee			them the Appointment has been approved. An it to activate the CH role. When the GAM activat		O Hep					
First Name		cess is complete, and the Cardholder role is ac		es trie chirole, trie						
Demo										
DoD Component										
Department of the Air Force										
Work Address Line 1		Work Address Line 2	Work Address Line 3	Work Address Line 4						
16111 PLUMMER STREET		BLDG 10 2ND FLOOR								
Country		City	State	Zip						
United States	~	NORTH HILLS	California 🗸	91343-2036						
DEROS Date		Existing Warranted Contracting Officer (Non-GPC)	Warrant Unlimited	Warrant Limit						
		No 🗸								

An email notification has been sent to the Appointee informing them the Appointment has been approved. An email notification is sent to the GAM (Government Administrator) with information to activate the CH role. When the GAM activates the CH role, the appointment process is complete, and the Cardholder role is active.

End



This concludes our demonstration.