

**U.S. DEPARTMENT OF AGRICULTURE
NATURAL RESOURCES CONSERVATION SERVICE
NRCS-IRM-03**

**Information System Security
Request for User Access to ITS Resources**

Type of Request:	New/Existing (Select "Type of User" Below)	Delete Access (Permanently Deletes User)	Date of Request:
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Part I (Completed by Supervisor/Office Manager/COR/COTR)

Employee/User Name: (First, Middle, Last):	Nickname/Preferred Name:
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Position Title:	E-mail:	Phone:
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NRCS Site Names Finder (Site ID, Office ID): <http://nrcs-security.sc.egov.usda.gov/itcresources/documents/sitenames.xlsx>

Region(State):	Site ID:	Office ID:
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Affiliate/Company or Organization Name:

Access Required: (Note: Access to NRCS applications (e.g., ProTracts/Fund Manager) is not requested through this process. Refer to the Information Technology Assistance SOP: <http://directives.sc.egov.usda.gov/OpenNonWebContent.aspx?content=18456.wba>)

Type of User:	New Federal Existing Federal	New Affiliate Existing Affiliate	New Contractor Existing Contractor
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Active Directory Account: (For New Users)	With Email	Without Email	AD Not Needed
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Information for Agency SAAR Update Request

Target Date for Access:

Is this a Request for a Personal Information Change (Name, Phone, etc.)? **Yes** **No**
(If "Yes" complete section below)

Describe the Personal Information Change being requested:

Is the User Transferring to a different Agency? **Yes** **No**
(If "Yes" answer questions below)

Select Agency the User is Transferring to:

What is the effective date of the transfer:

Additional Details for the Transfer to a different Agency:

Is the User Changing Locations but staying in the same Agency? **Yes** **No**
(If "Yes" answer questions below)

Location Change Region:

Location Change Site:

Location Change Office:

Is an Active Directory Change being requested? **Yes** **No**
(If "Yes" answer complete section below)

Active Directory Update:

Removal Email Address Change Email "User" Group(s) Added To

Email "User" Group(s) Removed from Other Active Directory Changes

Describe the Active Directory Changes in Detail:

Will the User need General Access?	Yes	No
<i>(If "Yes" answer questions below)</i>		
End User VPN/Dialup Access (<u>must</u> provide justification)	Add Access	Delete Access
SAAR POC Account Entitlement (Use the "ISSPOC_DCCAC Request" form and email to nrcsaccesscontrol@ftc.usda.gov)		
Remedy Support Groups (provide group information)	Add Access	Delete Access
SafeBoot (<u>must</u> provide justification for exemption)	Request Exemption	Re-Enable
Local Workstation Admin (<u>must</u> provide justification)	Add Rights	Delete Rights
Share Drive Permissions (provide information)	Add Permissions	Remove Permissions
Other Elevated Access (<u>must</u> provide justification)	Add Permissions	Remove Permissions
Toolkit User Group Membership	Add Permissions	Remove Permissions
Toolkit Permission Level Requested	All Read/Write	Read Only Coordinator
County/Counties and Service Centers		
<i>(If Toolkit Access is checked – Select "Other Elevated Access" in Remedy and state in the Details/Comments Section that Toolkit Access is needed, input "Toolkit Access Needed", state the level of access (All, R/W, R/O, or Coordinator), and County/Counties/Service Centers in which access is needed. Also send a copy of this form to the Toolkit Coordinator.)</i>		
Provide Justification or additional details for the Access requested:		
Verification of Least Privilege / Need to Know		
I certify that this user requires account access as requested in the performance of his/her job function.		
Signature of Supervisor/Office Manager/Contracting Rep	Supervisor/Office Manager/Contracting Rep Email Address	
Part II (Completed by Human Resources Staff)		
EmpowHR or Affiliate or NEIS ID (required for email access):		
Type of Investigation (NAC, NACI...):	Date Paperwork Received:	Date of Initiation:
Clearance Level: (None, Secret, etc.)	Date Investigation Completed:	
HR Manager/Representative Signature:		Date completed:
Part III (Completed by Center/State Training Officer or Designee)		
Completed Information Security Awareness and Rules of Behavior Training:	If No or Unknown, must provide details:	
Yes No Unknown		
Training Officer or Designee Signature:		Date completed:
Part IV (Completed by ISSPOC and attach form to the Remedy SAAR ticket) Remedy #		
ISSPOC's Signature:		Date completed: