

**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:	
Position Title:	E-mail:	Phone:	
Region(State):	Site ID:	Office ID:	

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	New Affiliate	New Contractor
	Existing Federal	Existing Affiliate	Existing Contractor
Active Directory Account: (For New Users)	With Email	Without Email	AD Not Needed

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:

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|------------------------------------|--------------------------------|--------------------------------|
| 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 that are relevant)</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
Windows XP Local Workstation Admin (<u>must</u> provide justification)	Add Rights	Delete Rights
Windows 7 Local Workstation Admin (<u>must</u> provide justification)	Add Rights	Delete Rights
Workstation Name		
Share Drive Permissions (provide information)	Add Permissions	Remove Permissions
Litigation Political Appointee Hold	Yes	No
RSA Token	Add Change	Remove
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.)</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: