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

Clear Form

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:**

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:

☐ 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**

(If "Yes" answer questions below that are relevant)

End User VPN/Dialup Access (must 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 (must provide justification for exemption)	☐ Request Exemption	☐ Re-Enable
Windows XP Local Workstation Admin (must provide justification)	☐ Add Rights	☐ Delete Rights
Windows 7 Local Workstation Admin (must provide justification)	☐ Add Rights	☐ Delete Rights
Share Drive Permissions (provide information)	☐ Add Permissions	☐ Remove Permissions
Litigation Political Appointee Hold	☐ Yes	☐ No
RSA Token	☐ Add ☐ Change	☐ Remove
Other Elevated Access (must 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		

(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.)

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: ☐ Yes ☐ No ☐ Unknown	**If No or Unknown, must provide details:**

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:**