

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

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

<b>Employee/User Name: (First, Middle, Last):</b>	<b>Nickname/Preferred Name:</b>
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<b>Affiliate/Company or Organization Name:</b>	<b>E-mail:</b>	<b>Phone:</b>
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**Assignment Location**

<b>Region(State):</b>	<b>Site ID:</b>	<b>Office ID:</b>
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**Physical Location (If different from above)**

<b>Region(State):</b>	<b>Site ID:</b>	<b>Office ID:</b>
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**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>)

<b>Type of User:</b>	New Federal Existing Federal	New Affiliate Existing Affiliate	New Contractor Existing Contractor
<b>Active Directory Account:</b> <i>(For New Users)</i>	With Email	Without Email	AD Not Needed
Preferred Email Address: <i>(For New Users)</i> (If different than first.last name given above)			

**Information for Agency SAAR Update Request**

**Target Date for Access (For future deletions or new hire actions):**

**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 Changing Locations but staying in the same Agency?**      Yes      No  
*(If "Yes" answer questions below) (Only use for location updates if the employee will have the same job functions and/or access at new location.) (If user is transferring to a new location which will require email address change/new shared drives/etc., the losing state must enter a "Delete" request and the gaining state must enter a "New" request.)*

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:

End User VPN/Dialup Access ( <u>must</u> provide justification)	Add Access	Delete Access		
<b>SAAR POC Account Entitlement (Use the "ISSPOC_DCCAC Request" form and email to <a href="mailto:nrcsaccesscontrol@ftc.usda.gov">nrcsaccesscontrol@ftc.usda.gov</a> )</b>				
Remedy Support Groups (provide group information)	Add Access	Delete Access		
SafeBoot ( <u>must</u> provide justification for exemption)	Request Exemption	Re-Enable		
Beyond Trust Local Workstation Administration Rights ( <u>must</u> make selection below and include additional info/justification)	Add	Modify	Remove	
General Workstation Admin Rights (Change network settings, edit hosts files, add printers, etc.)				
ActiveX Installation Rights (Web address must be entered below)				
Elevate Specific Program or Program Rights (Must provide the path to the program, i.e. c:\windows\system32\notepad.exe)				
Elevate Any Program Rights (Includes install packages)				
Workstation Name (All Caps)				
Provide access Justification and any required information on program path or web address:*				
Share Drive Permissions (provide information)	Add Permissions	Remove Permissions		
Litigation Political Appointee Hold (provide information)	Yes			
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				

***(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
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**Part II (Completed by Human Resources Staff)**

EmpowHR or Affiliate or NEIS ID (required for email access):	Type of Investigation (NAC, NACI...):
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Date of Initiation:	Date Investigation Completed:
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HR Manager/Representative Signature:

**Part III (Completed by Center/State Training Officer or Designee)**

Completed Information Security Awareness and Rules of Behavior Training:

Yes	No
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Training Officer or Designee Signature:

**(ISSPOC attach form to the Remedy SAAR ticket)**