

NRCS BUSINESS TOOL
SYSTEM ACCESS REQUEST1. SYSTEM / APPLICATION NAME
(Check one or more and complete the applicable sections)

- ☐ Toolkit
☐ Conservation Desktop
☐ Funds Manager (CD-FM)
☐ CD-DMS
☐ ProTracts
☐ Fund Manager
☐ zRoles
☐ Other:

PART A – USER INFORMATION

2. USER'S ID (eAuth)	3. USER'S NAME (Last, First, Middle Initial)	4. <input type="checkbox"/> EMPLOYEE (OR) <input type="checkbox"/> AFFILIATE
5. USER'S OFFICIAL WORK SITE ADDRESS WITH ZIP CODE	6. AGENCY	7. OFFICE
8. USER'S E-MAIL ADDRESS	9. USER'S PHONE NUMBER	10. PO ID NUMBER*

*NOTE: Employees can find the Personnel Office (PO) ID number [here](#).

PART B – ACTION REQUESTED

NAME CHANGE	11. FORMER NAME (Last, First, Middle Initial)	12. NEW NAME (Last, First, Middle Initial)
ACCESS	13. REQUESTED ACCESS ACTION (Check only one): <input type="checkbox"/> New User <input type="checkbox"/> Disabled User Needing Reactivation <input type="checkbox"/> Modify User Profile <input type="checkbox"/> Terminate User	14. END DATE (Date temporary assignment expires):

PART C – SYSTEM APPLICATIONS AND ROLES

15. REQUESTED SYSTEM APPLICATIONS AND ROLES (Check all that apply):

ProTractsFund Manager (FM)Conservation Desktop (CD)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Approving Official | <input type="checkbox"/> FM Affiliate | <input type="checkbox"/> CD Contract Support | <input type="checkbox"/> CD Vendor Coordinator |
| <input type="checkbox"/> Contract Support | <input type="checkbox"/> FM Audit Log Reviewer | <input type="checkbox"/> CD Designated | <input type="checkbox"/> Certified Planner |
| <input type="checkbox"/> Designated Conservationist | <input type="checkbox"/> FM Eligibility Update | <input type="checkbox"/> Conservationist | <input type="checkbox"/> Data Configuration Administrator |
| <input type="checkbox"/> Farm Bill Specialist | <input type="checkbox"/> FM Financial Management | <input type="checkbox"/> CD FA National BTC | <input type="checkbox"/> Easement National Boundary Manager |
| <input type="checkbox"/> National Programs User | <input type="checkbox"/> FM FMMI User | <input type="checkbox"/> CD FA State BTC | <input type="checkbox"/> Easement State Boundary Manager |
| <input type="checkbox"/> NHQ Program Manager | <input type="checkbox"/> FM National | <input type="checkbox"/> CD Financial Reviewer | <input type="checkbox"/> HELC Agency Expert |
| <input type="checkbox"/> Planner | <input type="checkbox"/> FM National Operations | <input type="checkbox"/> CD National Audit | <input type="checkbox"/> Planning Support |
| <input type="checkbox"/> PT National Role Grantor | <input type="checkbox"/> FM Obligation Approval | <input type="checkbox"/> CD National Obligating Official | <input type="checkbox"/> TK-Easement Reconciliation (Easement Reconciliation) |
| <input type="checkbox"/> PT State Role Grantor | <input type="checkbox"/> FM Payment Invoice | <input type="checkbox"/> CD National Program Manager | <input type="checkbox"/> Toolkit National Role Grantor (CD TA National BTC) |
| <input type="checkbox"/> Regional Conservationist | <input type="checkbox"/> FM State | <input type="checkbox"/> CD National Program User | <input type="checkbox"/> Toolkit State Role Grantor (CD TA State BTC) |
| <input type="checkbox"/> State Programs | <input type="checkbox"/> FM Tech Support | <input type="checkbox"/> CD Obligating Official | <input type="checkbox"/> WC Agency Expert |
| <input type="checkbox"/> Tech Support | <input type="checkbox"/> FM Vendor Coordinator | <input type="checkbox"/> CD Payment Approver | |
| | | <input type="checkbox"/> CD Program Support | |
| | | <input type="checkbox"/> CD State Program Manager | |
| | | <input type="checkbox"/> CD State Program User | |
| | | <input type="checkbox"/> CD Tech Support | |

16. zROLES REQUEST:

17. ADDITIONAL INFORMATION:

18. STATE(S):

19. COUNTIES:

20. OFFICES:

21. PROGRAM(S):

PART D – USER ACKNOWLEDGEMENT

I have read the automated information systems security rules and understand the security requirements of the automated information systems and/or applications described on this form. I understand that any violation of these rules may result in disciplinary action, removal from the agency/USDA, and/or criminal prosecution.

22. USER SIGNATURE

23. DATE (MM/DD/YYYY)

24. FULLY EXECUTED IRM-03

☐ Yes☐ No25. NAME OF MANAGER OR SUPERVISOR (*Print*)**PART E – AUTHORIZATION**

I certify this user has received security instructions for the systems and/or applications indicated, and I approve his/her access to these systems and/or applications and the associated user profiles.

26. MANAGER OR SUPERVISOR SIGNATURE

27. DATE (MM/DD/YYYY)

PART F – ACTION TAKEN

28. SECURITY ADMINISTRATOR SIGNATURE

29. DATE (MM/DD/YYYY)

30. SECURITY ADMINISTRATOR NOTES

Privacy Act Statement: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is the Federal Information Security Modernization Act (FISMA) of 2014 (44 U.S.C. § 3554). The information will be used to manage access to NRCS conservation program business tools which contain customers' personally identifiable information. The information collected on this form may be disclosed to other federal agencies that collect, manage, or oversee activities related to collection and management of employee and contractor information and who are authorized access to NRCS business tools as described in the National Institute of Standards and Technology Special Publication 800-53, Revision 5, "Security and Privacy Controls for Information Systems and Organizations." Such external agencies have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/NRCS-1, Landowner, Operator, Producer, Cooperator, or Participant Files. Providing the requested information is involuntary and failure to furnish the requested information will result in the denial of the requested computer access permissions

FORM INSTRUCTIONS

BLOCK NO.

1. Select the systems and/or applications access is being requested.

PART A – USER INFORMATION

2. Enter eAuth ID. Example:

Agency	Admin Area	Name	Employee ID	eAuth User ID
NRCS				NH199

3. Enter name.
4. Enter if person is an employee or affiliate.
5. Enter official work site address.
6. Enter name of agency person is associated with.
7. Enter primary office location.
8. Enter primary work e-mail address.
9. Enter primary work phone number.
10. Enter Personnel Office (PO) ID number. This is the Site+ number from the BMC Remedy People Search application.

PART B – ACTION REQUESTED

11. Enter "old" name when requesting a name change.
12. Enter "new" name when requesting a name change.
13. Check the appropriate access action to be taken.
14. If access is being requested for a temporary assignment such as a detail enter the date this temporary assignment will end. If N/A leave blank.

PART C – SYSTEM APPLICATIONS AND ROLES

15. Select which applications and roles are needed.
16. Add zRoles requests.
17. Add any other additional information.
18. Enter state(s) where access is being requested.
19. Enter county(s) where access is being requested.
20. Enter office(s) where access is being requested.
21. Enter Programs you need access to.

PART D – USER ACKNOWLEDGEMENT

22. User's signature.
23. Date signed by user (date is not needed if signed using LincPass).
24. Mark if a fully executed IRM-03, "Information System Security Request for User Access to ITS Resources" form is on file for the user (*manager or supervisor answers this*).
25. Name of the user's immediate manager or supervisor.

PART E – AUTHORIZATION

26. Signature of the user's immediate manager or supervisor.
27. Date signed by manager or supervisor (date is not needed if signed using LincPass).

PART F – ACTION TAKEN

28. Signature of person in the state or NHQ who grants access.
29. Date signed by security administrator (date is not needed if signed using LincPass).
30. Security Administrator can use this space to include any notes related to the completion of the request. The agency's Security Administrator will retain each completed form for audit purposes.