

Non-Federal Onboarding Intake Form

Volunteer

Contractor

Affiliate (Partner)

ACES

Work Location: _____
(ie. Antigo Service Center)

First Name: _____

Last Name: _____

Email Address: _____
(Email that you can receive an email and have access to immediately)

Name of Contractor or Affiliate: _____
(ie. Ultima for contractor, Langlade County LCD for Partner/Affiliate)

NRCS Monitor or Technical Contact Name: _____
(If unknown, leave blank)

Do you need access to NRCS files and/or computers? YES NO

Do you have an eAuth? YES NO
If YES, what is your eAuth? _____

Former USDA employee or contractor? YES NO
If YES, what is the name of the Agency? _____

Have you completed this fiscal year Information Security Awareness (ISA) training?
YES NO If YES, send in the certificate with this form.

Please email the form to lindsi.hagen@usda.gov with a cc: to diane.georgetta@usda.gov

Projected Start Date: _____