

Filling out the AD-1143 for ProTracts Permissions

The AD-1143 Corporate Systems Access Request Form is used for obtaining, removing and/or editing ProTracts permissions.

For a fillable form for the appropriate action, please go to the PIA website at: <http://www.pia.nrcs.usda.gov/intranet/access/index.html>

Select the appropriate template:

1. Acting Designated Conservationist
2. Add New User
3. Delete User

Page 1

1. Block 4 – Enter the User's Name
2. Block 5 - Enter the User's Title
3. Block 14 – Select the appropriate action (Note: if you use the template(s) above, it is prefilled for you)
 - a. Add User – New Protracts user with no previous permissions
 - b. Delete User – Remove permissions permanently
 - c. Modify User Profile – User has permissions but needs additional access, new position requires different access, etc.
4. Block 15 – Enter the User's E-Auth ID

AD-1143 U. S. DEPARTMENT OF AGRICULTURE		CORPORATE SYSTEMS ACCESS REQUEST FORM	
		1. SYSTEM/APPLICATION NAME Check one or more and complete the applicable section(s) <input type="checkbox"/> Automated Cash Reconciliation Worksheet System <input type="checkbox"/> Corporate Property Automated Information System <input type="checkbox"/> Financial Data Warehouse <input type="checkbox"/> Foundation Financial Information System <input type="checkbox"/> GovTrip.com <input type="checkbox"/> Integrated Acquisition System <input type="checkbox"/> Management Initiatives Tracking System <input checked="" type="checkbox"/> ProTracts	
		2. FFIS APPLICATION NUMBER(S) (If Applicable)	
USER INFORMATION (See Privacy Act Statement)			
3. USER'S SSN (See Instructions)	4. USER'S NAME (Last, first, middle initial)	5. USER'S TITLE OR CONTRACTOR*	
6. USER'S MAILING ADDRESS WITH ZIP CODE		7. AGENCY	8. OFFICE
9. USER'S E-MAIL ADDRESS		10. USER'S PHONE NUMBER () - -	11. MANAGER'S PHONE NUMBER () - -
*See special instructions			
ACTION REQUESTED			
NAME CHANGE		12. OLD NAME (Last, first, middle initial)	13. NEW NAME (Last, first, middle initial)
ACCESS	14. (Check all that apply): <input type="radio"/> Add User <input type="radio"/> Delete User <input checked="" type="radio"/> Modify User Profile <input type="checkbox"/> Agency Cross-Service Access		
	15. USER ID(S) (Include NFC, FFIS, E-Auth User ID, if applicable)		

Skip pages 2, 3, and 4.

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Acting Designated Conservationist TEMPLATE

- Block 36 – Enter the name, enter the start and end date of the “acting” detail and the name of the field office

SPECIAL INSTRUCTIONS		
36. SPECIAL INSTRUCTIONS Change user role for Charles Brown to serve as Acting DC in ProTracts from 01/02/2013 to 02/12/2013 for the Aiea Field Office.		
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.		
37. USER'S SIGNATURE		38. DATE 12/20/2012
BACKGROUND INVESTIGATION		
39. <input type="checkbox"/> Initiated <input type="checkbox"/> Completed	40. DATE (Initiated or completed)	41. PRINT MANAGER'S NAME
AUTHORIZATION		
User's Manager – 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.		42. MANAGER'S SIGNATURE
		43. DATE
ACTION TAKEN		
44. SECURITY ADMINISTRATOR		45. DATE
46. SECURITY ADMINISTRATOR NOTES		
PRIVACY ACT NOTICE		
In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of your Social Security Number is authorized by Executive Order 9397 of November 22, 1943 and 5 U.S.C. 301. The primary purpose of requesting the Social Security Number (SSN) is to properly identify the employee. Many employees have similar names and the furnishing of the SSN will enable USDA to identify authorized users of USDA's computer systems. The information will be used by offices and employees who have a need for the information in the performance of their official duties. The information will not be disclosed outside USDA. Disclosure of your SSN and other information is mandatory. Failure to provide the requested information will result in the denial of the requested computer access authority.		
CORPORATE SYSTEMS ACCESS REQUEST FORM RULES OF BEHAVIOR		
In compliance with Federal Regulations and Departmental Policy, all users complete an Annual Computer Security and Awareness and Rules of Behavior Training in AgLearn.		
<div style="background-color: #e0e0ff; height: 100px; width: 100%;"></div>		

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Add User Template

- Block 36 – Select the Role, enter the name of the user, and enter the effective date of the action.

SPECIAL INSTRUCTIONS		
36. SPECIAL INSTRUCTIONS Add <input type="text" value="Select Role"/> role for <input type="text"/>		
effective <input type="text"/> .		
USER ACKNOWLEDGEMENT		
<i>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.</i>		
37. USER'S SIGNATURE <input type="text"/>	38. DATE <input type="text"/>	
BACKGROUND INVESTIGATION		
39. <input type="checkbox"/> Initiated <input type="checkbox"/> Completed	40. DATE (initiated or completed) <input type="text"/>	41. PRINT MANAGER'S NAME <input type="text"/>
AUTHORIZATION		
<i>User's Manager – 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.</i>		
42. MANAGER'S SIGNATURE <input type="text"/>		43. DATE <input type="text"/>
ACTION TAKEN		
44. SECURITY ADMINISTRATOR <input type="text"/>	45. DATE <input type="text"/>	
46. SECURITY ADMINISTRATOR NOTES <input type="text"/>		
PRIVACY ACT NOTICE		
<small>In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of your Social Security Number is authorized by Executive Order 9397 of November 22, 1943 and 5 U.S.C. 301. The primary purpose of requesting the Social Security Number (SSN) is to properly identify the employee. Many employees have similar names and the furnishing of the SSN will enable USDA to identify authorized users of USDA's computer systems. The information will be used by offices and employees who have a need for the information in the performance of their official duties. The information will not be disclosed outside USDA. Disclosure of your SSN and other information is mandatory. Failure to provide the requested information will result in the denial of the requested computer access authority.</small>		
CORPORATE SYSTEMS ACCESS REQUEST FORM RULES OF BEHAVIOR		
<small>In compliance with Federal Regulations and Departmental Policy, all users complete an Annual Computer Security and Awareness and Rules of Behavior Training in AgLearn.</small>		
Additional Comments: <input type="text"/>		
<input type="text"/>		

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Delete User Template

5. Block 36 - Enter the Name and effective date of the action.

Note example below in blue text.

SPECIAL INSTRUCTIONS		
36. SPECIAL INSTRUCTIONS Please remove ProTracts permissions for Cynthia Shishido effective close of business on 12/31/2012 .		
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.		
37. USER'S SIGNATURE <small>OPTIONAL</small>	38. DATE 12/05/2012	
BACKGROUND INVESTIGATION		
39. <input type="checkbox"/> Initiated <input type="checkbox"/> Completed	40. DATE (Initiated or completed)	41. PRINT MANAGER'S NAME
AUTHORIZATION		
User's Manager - 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.		42. MANAGER'S SIGNATURE <small>OPTIONAL</small>
		43. DATE
ACTION TAKEN		
44. SECURITY ADMINISTRATOR <small>OPTIONAL</small>		45. DATE
46. SECURITY ADMINISTRATOR NOTES		
PRIVACY ACT NOTICE		
In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of your Social Security Number is authorized by Executive Order 9397 of November 22, 1943 and 5 U.S.C. 301. The primary purpose of requesting the Social Security Number (SSN) is to properly identify the employee. Many employees have similar names and the furnishing of the SSN will enable USDA to identify authorized users of USDA's computer systems. The information will be used by offices and employees who have a need for the information in the performance of their official duties. The information will not be disclosed outside USDA. Disclosure of your SSN and other information is mandatory. Failure to provide the requested information will result in the denial of the requested computer access authority.		
CORPORATE SYSTEMS ACCESS REQUEST FORM RULES OF BEHAVIOR		
In compliance with Federal Regulations and Departmental Policy, all users complete an Annual Computer Security and Awareness and Rules of Behavior Training in AgLearn.		
Additional Comments:		
<small>OPTIONAL</small>		
<small>OPTIONAL</small>		

