

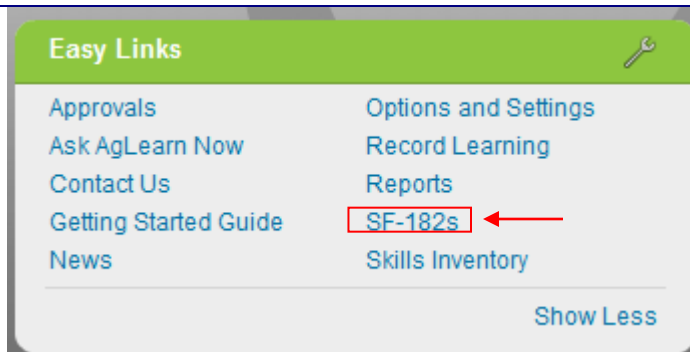
AgLearn Electronic SF-182 – Employee/User Role

AgLearn provides an automated Authorization, Agreement and Certification for Training, SF-182 process that enables learner’s to request training, provides review and approval authority for supervisors and other reviewers, and allows learners and supervisors to verify the training event. To take advantage of these features, you must first learn to complete a new SF-182 in AgLearn.

This quick start guide will show you how to:

- Navigate to the SF-182 in AgLearn
- Complete and submit a new SF-182
- Review the status of your SF-182

1. Go to www.AgLearn.usda.gov.
2. Log on under Learner Login.
3. Click on SF-182 Requests on Easy Links.



4. Click New Request at the bottom of the page.

Request, Authorization, Agreement & Certification of Training Help

Below is a list of all of your External Requests. Click the Request ID for more information about the request. Click **Copy Request** or **Withdraw Request** button and click **Go to Copy** or **Withdraw** from an External Request. Click the **New Request** button to initiate a new request.

Request ID	Title	Start Date	End Date	Status	Pending Approval Actions	Action
142064	Web Design with XHTML, HTML, and CSS	9/20/2012	9/21/2012	Completed and Verified	None	Copy Request
139314	Coaching Skills for Today's Leaders	9/25/2012	9/25/2012	Completed and Verified	None	Copy Request
89690	AgLearn Maintenance	2/21/2011	2/25/2011	Submitted	Pending Step 1	Copy Request Withdraw Request
84731	test	4/23/2010	4/23/2010	Denied	None	Copy Request Resubmit
64958	Adobe Flash CS3: Rich Content Creation	10/19/2009	10/20/2009	Verified	None	Copy Request
64956	Adobe Dreamweaver CS4: Website Development	9/14/2009	9/16/2009	Verification Denied	None	Copy Request Verify Resubmit
45761	1234	10/30/2008	10/30/2008	Completed and Verified	None	Copy Request
45754	Intro to Access	10/30/2008	10/31/2008	Verification Denied	None	Copy Request Verify Resubmit
43496	Microsoft Access 2003: Introduction	12/8/2008	12/9/2008	Verification Denied	None	Copy Request Verify Resubmit
21669	Human Resources Management for Administrative Personnel	12/3/2007	12/5/2007	Approved	Pending Verification	Copy Request Verify

Records per Page: 10 Page: 1 of 2 «Previous Next» (11 total records)

[New Request](#)

5. The SF-182 form will open.
 6. Complete blocks A.1 - A.6 as needed.
 - Blocks **A.1, A.4, A.5** will be populated with name, address, and phone number. (Make changes as needed)
 - Anything with a **RED *** is a **REQUIRED** field.
- Note: Block A.4 – Home address – complete this field especially for OPM, FEI, and GSA courses)

REQUEST, AUTHORIZATION, AGREEMENT & CERTIFICATION OF TRAINING

SECTION A: TRAINEE INFORMATION

A. Agency Code, agency sub element and submitting office number				B. Request Status / Record Action	
AG034860				<input checked="" type="radio"/> Add <input type="radio"/> Delete	
A.1. Applicant's Name			First Five Letters of Last Name		
Last Name	First Name	Middle Initial	WALKE		
Walker	Lyndell	A			
A.4. Home Address			A.5. Home Phone	* A.6. Position Level	
Street Address	HRD- OFFICE OF THE DIRECTOR, 5601 SUNNYSIDE AV		301-504-1396	<input type="radio"/> a. Non-supervisory <input type="radio"/> b. Manager	
City	State / Province	Postal Code	Country	<input type="radio"/> c. Supervisory <input type="radio"/> d. Executive	
BELTSVILLE	MD	20705-5103	USA		

7. Complete blocks A.7 thru A.17 as appropriate.

A.7. Organization Mailing Address			A.8. Office Phone	A.9. Work Email Address	
Add1				lyndell.walker@ars.usda.gov	
Add2					
City	State / Province	Postal Code			
A.10. Position Title	A.11. Does applicant need special accommodation?		If yes, please describe below		
	<input type="radio"/> Yes <input checked="" type="radio"/> No				
A.12. Type of Appointment	A.13. Education Level	* A.14. Pay Plan	* A.15. Series	* A.16. Grade	A.17. Step
01	9	GS	0201	07	

8. Complete blocks B.1a thru B.17 with the appropriate vender and course information.
 Note: **For instructions on how to complete the SF-182 (e.g. training codes, doc #, billing address), please go to <http://www.afm.ars.usda.gov/forms/EMPDEV/SF182-Instructions.PDF>.**

SECTION B: TRAINING COURSE DATA				
B.1a. Name and Mailing Address of Training Vendor				
* ID <input type="text"/>		Name <input type="text"/>		<input type="radio"/> Other If Other, please specify <input type="text"/>
* Street Address	* City	* State / Province	* Postal Code	* Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B.1b. Location of Training Site				
<input type="checkbox"/> If Same, mark box.				
Street Address	City	State / Province	Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B.1c. Vendor Email Address		B.1d. Vendor Telephone Number		
<input type="text"/>		<input type="text"/>		
* B.2a. Course Title	B.2b. Course Number Code	* B.3. Training Start Date (MM/DD/YYYY)	* B.4. Training End Date (MM/DD/YYYY)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
* B.5. Training Duty Hours	* B.6. Training Non-Duty Hours	* B.7. Training Purpose Type		
<input type="text"/>	<input type="text"/>	-- Please Select One --		
* B.9. Training Sub Type Code	B.10. Training Delivery Type	* B.11. Training Designation Type Code	B.12. Training Credit	* B.13. Training Credit Type Code
-- Please Select One --	-- Please Select One --	-- Please Select One --	0	-- Please Select One --
* B.14. Training Accreditation Indicator	* B.15. Continued Service Agreement Required Indicator	B.16. Continued Service Agreement Required Expiration Date	B.17. Training Source Type Code	
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	<input type="text"/>	-- Please Select One --	

9. Enter the appropriate cost and billing information in Blocks C.1 and C.2
 -Tuition, Books/Materials, Other, and Travel related expenses.
 Note: **For instructions on how to complete the SF-182 (e.g. training codes, doc #, billing address), please go to <http://www.afm.ars.usda.gov/forms/EMPDEV/SF182-Instructions.PDF>**

SECTION C: COSTS AND BILLING INFORMATION					
C.1. Direct Cost and appropriation/fund chargeable			C.2. Indirect Cost and appropriation/fund chargeable		
Item	* Amount	Appropriation Fund	Item	* Amount	Appropriation Fund
a. Tuition	\$4095.00	0010301910	a. Travel	\$695.00	0010301910
b. Books or Materials	\$0.00		b. Per Diem	\$0.00	
c. Total	\$4095.00		c. Total	\$695.00	

10. Complete Blocks C.4 thru C.6 as follows:

Block C.4- Enter Document Number for reimbursement of training costs to responsible Training Vender. The **Document Number** is the 1st two digits of the FY, 4 middle digits from the accounting code/CRIS, and a 4 digit sequential number assigned by the office submitting the form.

Also in Block C.4 -

Enter the FMMI Vendor Code – (See Budget Analyst or ABFO if you don't have the code)

Block C.5- Fill in the 8-digit station symbol for ARS - **12-40-0300**

Block C.6- Billing Instructions - Enter name and mailing address of nominating Agency Finance Office for billing purpose.

Note: If paid by credit card, enter the card holders Name, Phone, and Email address. All payments over \$2500 must be paid through NFC.

Payment Offices**Agricultural Research Service**

USDA, OCFO

Controller Operations Division, ACPRB ARS Operations Section

P.O. Box 53326

New Orleans, Louisiana 70153

(SPECIAL INSTRUCTIONS FOR ARS OFFICES USING THE ARS OPERATIONS SECTION AS THE PAYMENT OFFICE)

Forward the SF-182 to the ARS Operations Section upon approval of the training along with a screen print (preferred) of the VEND record. This is used to enter an obligation into FFIS so that funds are set aside until such time as the invoice is received from the vendor per the billing instructions in Section C, Block 6.

Economic Research Service

Administrative and Financial Services Unit Budget

Execution

1800 M Street N.W. Room N4186

Washington, D.C. 20036

FAX: 202-694-5757

National Agricultural Statistics Service

NASS/DAFO/BASO

1400 Independence Avenue Room 5053 South

Bldg. Washington, D.C. 20250

National Institute of Food and Agriculture

FMD/FOB/OSII

STOP 0307, Portals Building, Suite 580C Washington,

D.C. 20024

(SPECIAL INSTRUCTIONS FOR NIFA ONLY)

To pay for training over \$2,500, each Unit will complete the SF-182 and obtain the necessary signatures. A document control number (DCN) should be assigned to the SF-182. The Unit will forward the completed SF-182 to their Financial Management Division (FMD) Accounting Technician. FMD will input into FFIS a manually entered obligated document (known as an MO).

For Section C, Block 6, each Unit will identify their respective address. Once the Unit receives an invoice, the invoice should be reviewed and signed by the Unit’s Deputy Administrator. After signature, the invoice should be forwarded to FMD for payment processing. FMD will input into FFIS a payment document, known as a PV, referencing the MO originally established. This will initiate payment

<p>* C.3. Total Training Non-Government Contribution Cost</p> <p>\$0.00</p> <p>C.4. Document / Purchase Order / Requisition No</p> <p>Doc #: 0003050023; Vend Code: 1500110220</p> <p>C.5. 8-Digit Station Symbol</p> <p>12-40-0300</p>	<p>C.6. Billing Instructions</p> <p>USDA, OCFO Controller Operations Division, ACPRB ARS Operations Section P.O. Box 53326 New Orleans, Louisiana 70153</p> <p>V A</p>
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11. After you review the form for accuracy and completeness, click **submit**.



12. The Approval Submission page appears.

13. **Step 1** – the supervisor’s name should already be populated from the learner’s profile. Click the “show all” to show the supervisor name. If this process has not been followed, the learner may conduct a search, however, the supervisor’s name should be populated via the profile.

Approval Submission



Submit for Approval

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The item/request selected requires approval using the steps listed below.

Any step that do not have a user listed must have a name filled in before the request can be submitted.

Approval Step	Approvers
Step 1	Supervisor Level 1 (Show All) ←
Step 2	Approver_1 (Show All)
Step 3	Approver_2 (Show All)
Step 4	Approver_3 (Show All)
Step 5	Select User for Approval
Step 6	Select User for Approval



- 14. **Step 2-4** will be “Auto-approvers” – the system will automatically move through these steps.
- 15. **Step 5 & 6** – choose the “**Select User for Approval**” link to search for and add the name of the **Step 5 approver (fund holder)** and the **Step 6 approver (person responsible for reviewing the form for accuracy, add accounting, billing info, and printing the form before submission)**.

Add Peer Approvers Help

Submit for Approval → Search for Users Previous

Search for Users to Add

User ID: Contains Search

Last Name: Contains

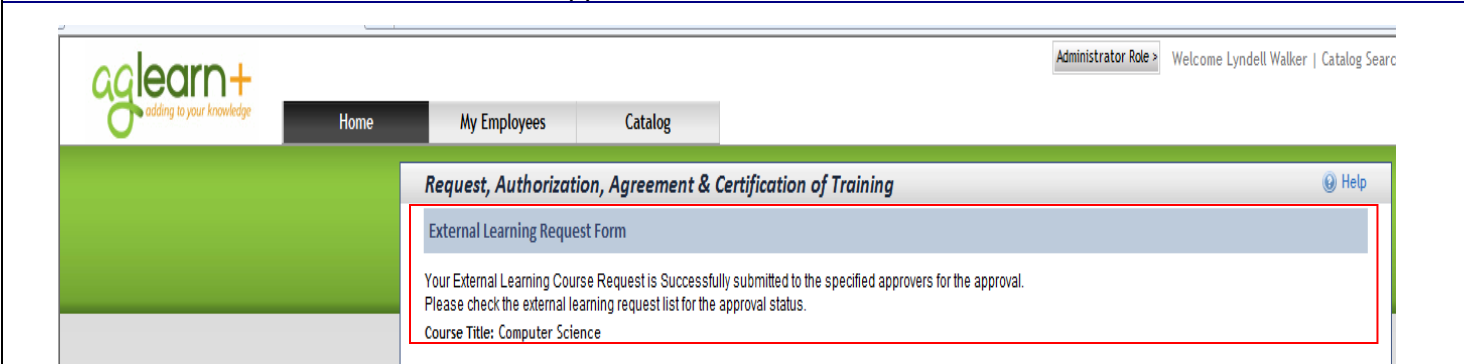
First Name: Contains

Middle Initial: Contains

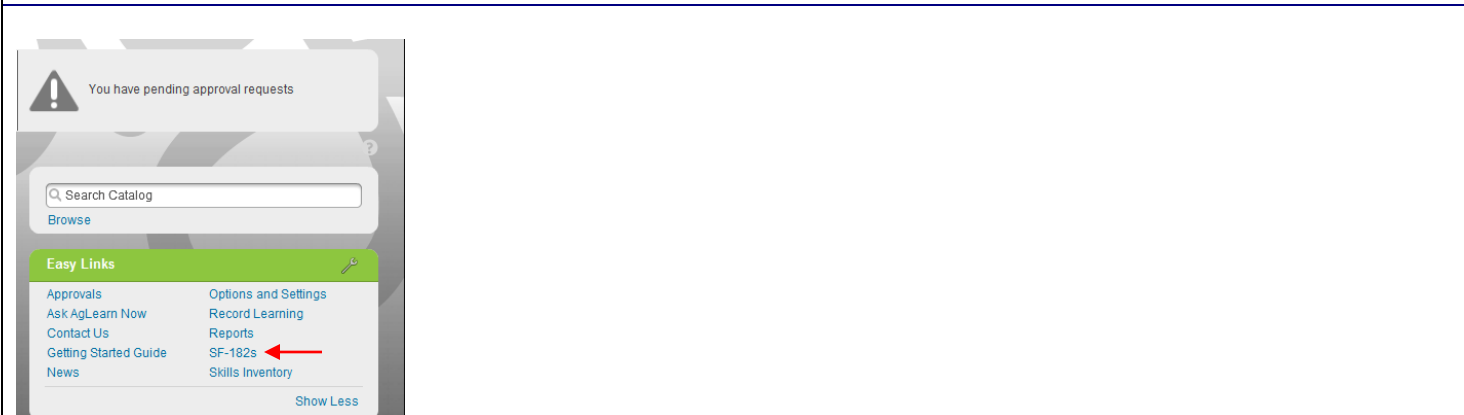
Job Code: Contains

Email: Contains

- 16. After you have selected your “Approvers”, click **Submit**.
- A confirmation of the course will appear.



- 17. **(Optional)** To view the SF-182 you submitted, click the Home page then click SF-182 Request on Easy Links and click the Request ID.



Request, Authorization, Agreement & Certification of Training

[Help](#)

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SF-182s		Viewing Options: Submitted		Sort By: Request ID		
Request ID	Title	Start Date	End Date	Status	Pending Approval Actions	Action
89690	AgLearn Maintenance	2/21/2011	2/25/2011	Submitted	Pending Step 1	Copy Request Withdraw Request

18. (Optional) Once the form has been approved by all approvers, the learner must print a copy of the form and provide a copy to whomever is responsible for ordering and paying for the training, faxing the document to NFC for payment.

Note: When paid by credit card, be sure card holder receives a copy.

External Learning Request Details

[Help](#)

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Training Request ID: 89690
 Course Title: AgLearn Maintenance
 Vendor Name: Johnson County Community College
 Training Start Date: 2/21/2011 America/New York
 Training End Date: 2/25/2011 America/New York

Request Status: Submitted

External Learning Request Details

[View Actual Request](#)

External Learning Request Details

[Help](#)

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Training Request ID: 89690
 Course Title: AgLearn Maintenance
 Vendor Name: Johnson County Community College
 Training Start Date: 2/21/2011 America/New York
 Training End Date: 2/25/2011 America/New York

Request Status: Submitted

External Learning Request Details

[View Actual Request](#)

[Printable Version](#)

AUTHORIZATION, AGREEMENT & CERTIFICATION OF TRAINING				SF-182 REQUEST ID:89690	
A. Agency Code, agency sub element and submitting office number			B. Request Status / Record Action		
AG034860			Delete		
A.1. Applicant's Name			First Five Letters of Last Name		
Last Name	First Name	Middle Initial	GIBSO		
Gibson Brooks	Sherell	A			
A.4. Home Address		A.5. Home Phone	A.6. Position Level		
Street Address HRD- OFFICE OF THE DIRECTOR, 5601 SUNNYSIDE AVE, STOP 5103		301-504-1439	<input type="checkbox"/> a. Non-supervisory <input type="checkbox"/> b. Manager <input type="checkbox"/> c. Supervisory <input type="checkbox"/> d. Executive		
City	State / Province	Postal Code	Country		
BELTSVILLE	MD	20705-5103	USA		
A.7. Organization Mailing Address		A.8. Office Phone	A.9. Work Email Address		
Add1			sherell.brooks@ars.usda.gov		
Add2					
City	State / Province	Postal Code			

