

AgLearn Electronic SF-182 – Training Designee/ SF-182 Preparer

As an AgLearn Training Designee or SF-182 Preparer, you may be asked to create SF-182 requests for one or multiple learners. Who will routinely prepare the SF-182s is a local office decision. You may be asked to print an SF-182 for payment processing or other purposes, or you may need to edit the details of a particular SF-182.

Note: Training Designee/SF-182 Preparers are designated as such by a supervisor or manager and administrator rights are assigned to the designated individual.

1. Log in to AgLearn as an **administrator** – www.aglearn.usda.gov .
2. Click the **Users**
3. Click on **Users** on the blue (left) side of the screen. Enter the employee’s name. Click **Search**.

4. Scroll to the bottom of the screen. Click on the **Pencil** icon to enter the learner’s record.

User ID	User Name ▲	Domain ID	Active	Terminated	City
LW038276	Walker, Lyndell A	ARS-AFM	Yes		BELTSVILLE

5. The summary page of the employee will appear.
6. Click **SF-182s** in the Related section.

<p>Related More </p> <p>Assignment Profiles</p> <p>Competencies</p> <p>Competency Profiles</p> <p>Completed Work</p> <p>Curricula</p> <p>SF-182s </p> <p>To-Do List</p>

7. Click **New Request** at top of the screen.

<p>SF-182s New Request </p>

8. Fill out the appropriate fields on the SF-182. Keep in mind all * **Required Fields** must be completed. <http://www.afm.ars.usda.gov/forms/EMPDEV/SF182-Instructions.PDF>

SECTION A: TRAINEE INFORMATION					
A. Agency Code, agency sub element and submitting office number AG034860			B. Request Status / Record Action <input type="radio"/> Add <input type="radio"/> Delete		
A.1. Applicant's Name Last Name: Walker, First Name: Lyndell, Middle Initial: A			First Five Letters of Last Name: WALKE		
A.4. Home Address Street Address: HRD-OFFICE OF THE DIRECTOR, 5601 SUNNYSIDE AVE. City: BELTSVILLE, State / Province: MD, Postal Code: 20705-5103, Country: USA			A.5. Home Phone: 301-504-1398		* A.6. Position Level <input type="radio"/> a. Non-supervisory <input type="radio"/> b. Manager <input type="radio"/> c. Supervisory <input type="radio"/> d. Executive
A.7. Organization Mailing Address Add1, Add2, City, State / Province, Postal Code			A.8. Office Phone		A.9. Work Email Address: lyndell.walker@ars.usda.gov
A.10. Position Title		A.11. Does applicant need special accommodation? <input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, please describe below	
A.12. Type of Appointment: D1		A.13. Education Level: 0	* A.14. Pay Plan: GS	* A.15. Series: 0201	* A.16. Grade: 07
SECTION B: TRAINING COURSE DATA					
B.1a. Name and Mailing Address of Training Vendor * B.1a.1. Name, * B.1a.2. Street Address, * B.1a.3. City, * B.1a.4. State / Province, * B.1a.5. Postal Code, * B.1a.6. Country					
B.1b. Location of Training Site <input type="checkbox"/> If Same, mark box. Street Address, City, State / Province, Postal Code, Country					
B.1c. Vendor Email Address			B.1d. Vendor Telephone Number		
* 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)
* B.5. Training Duty Hours		* B.6. Training Non-Duty Hours		* B.7. Training Purpose Type -- Please Select One --	
* B.9. Training Sub-Type Code -- Please Select One --		B.10. Training Delivery Type Code -- Please Select One --	* B.11. Training Designation Type Code -- Please Select One --	B.12. Training Credit 0	* B.13. Training Credit Type Code -- Please Select One --
* B.14. Training Accreditation Indicator <input type="radio"/> Yes <input checked="" type="radio"/> No		* B.15. Continued Service Agreement Required Indicator <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A		B.16. Continued Service Agreement Required Expiration Date	B.17. Training Source Type Code -- Please Select One --
B.18. Training Objectives			B.19. Agency Use Only		

9. Sections **C.1 - C.6** must be completed with the appropriate billing information.
Note: See SF-182 Instructions.

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	
* C.3. Total Training Non-Government Contribution Cost			C.6. Billing Instructions		
\$0.00			USDA, OCFO Controller Operations Division, ACPRB ARS Operations Section P.O. Box 53326 New Orleans, Louisiana 70153		
C.4. Document / Purchase Order / Requisition No					
Doc #: 0003050023; Vend Code: 1500110220					
C.5. 8-Digit Station Symbol					
12-40-0300					

10. Click **Submit**. Documents will be moved to Approvers screen.

Click **Submit Request as Approved** if:

- A past date training was approved, completed and paid for, but never enter in AgLearn.
- The Step 1 approver (supervisor) or Step 5 (Fund-holder) is not available to approve the SF-182. A PEN SIGNATURE IS REQUIRED by alternate approvers.

Click **Save Data for Another Request** if:

- You have to complete multiple SF-182's. The preparer will follow Steps 11-14 below to select the approvers; they will then be taken back to the SF-182 to enter another user's name.

Submit Request as Approved

Save Data for Another Request

Select User

Submit

Reset

Save Draft

Approval Submission page appears (If only the Submit button was selected)

11. **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 no supervisor has been selected in the Learner's profile, the learner may conduct a search to add the supervisor as the approver.
12. **Step 2-4** – Auto Approvers – No name necessary in these fields, the system will automatically move through these steps
13. Choose the **Step 5 Approver (Fund Holder)** by clicking the "Select User for Approval" link. The search screen will appear. Key in the Last and First name and click search. Select the name.
14. Repeat the steps above to select the **Step 6 Approver (person to review the form for accuracy,**

add accounting, billing info and order the training.)

Note: In instances where the supervisor is also the fund holder, he/she will be required to approve steps 1 and 5 approvals. To avoid having this individual enter the system twice, the training designee can be selected as the step 5 approver or can approve step 5 for the fund holder.

Approval Submission

[Help](#)

> Submit for Approval

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

} Automatically approved by the system

[Return to External Request](#)

[Submit](#)

15. Once the SF-182 is completed correctly, the request will appear under the **SF-182 Request's** tab.

Note: Once the request has been submitted, the Training Designee or SF-182 Preparer can perform the following: "Edit Approval", "Edit Request", or "Withdraw Request". To print a copy of the completed form with approvals, scroll to the top of the form, click on "printable version", then click "print this request".

Request...	Title	Status	Pending Approval Actions	Actions
139161	Managing Multiple Priorities	Verificati...	Step 1	Edit Approval Edit Verification Withdraw Verification
146640	Computer Technical	Submitted	Step 1	Edit Approval Edit Request Withdraw Request