AgLearn Electronic SF-182 – Employee/User Role

AgLearn provides an automated Authorization, Agreement and Certification for Training, SF-182 process that enables leaner'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.

Easy Links	p
Approvals	Options and Settings
Ask AgLearn Now	Record Learning
Contact Us	Reports
Getting Started Guide	SF-182s
News	Skills Inventory
	Show Less

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

lick Go to Cop	or an or your External Requests. by or Withdraw from an External F	Request. Click th	e New Request	button to initiate a new request	t.	quest button and
SF-182s				Viewing Options: All reque	ests 👻 Sort By	Request ID 👻
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 Reque
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:	9/14/2009	9/16/2009	Verification Denied	None	Copy Request
	website Development					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:	12/8/2008	12/9/2008	Verification Denied	None	Copy Request
	Introduction					Verify
						Resubmit
21669	Human Resources	12/3/2007	12/5/2007	Approved	Pending Verification	Copy Request
	Administrative Personnel					Verify

 The SF-182 form will open. 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 <u>REQUIRED</u> field. Note: Block A.4 – Home address – complete this field especially for OPM, FEI, and GSA courses) 											as)						
	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											(Add		Delete		
	A.1. Appli	icant's Nan	ne							First	Five Let	tters of L	ast Name	I			
	Last Name			First Name			Middle Ini	tial		WALK	Æ						
	Walker			Lyndell			A										
	A.4. Home	Address							A.5.	Home Phone * A.6. Position Level							
	Street Addr	ess	HRD-	OFFICE OF TH	DIRECTOR	R, 5601 SL	INNYSIDE AV]	301-5	1-504-1396			C a. Non-supervisory C b. Manager			C b. Manager	
	City		State	/ Province	Post	al Code	Count	try			C c. Supervisory C d. Exec				C d. Executive		
	BELTSVILLE	E	MD		207	05-5103	USA					I					
	•]
	7. C	omple	te bl	ocks A.	7 thru	A.17	as ap	propriat	е.								
		A.7. Organ	nization	Mailing Addr	ess	I		1		A	.8. Office	Phone	A.9. V	/ork Email Add	ress		
		Add1											lyndell.	walker@ars.usda	.gov		
		Add2 City		State /	Province			Postal Code		_							
		A.10. Pos	ition Ti	tle A.11	. Does app	olicant ne	ed special a	accommodatio	n?	lf ye	s, please	describe I	below				
		A.12. Typ	e of Ap	C	Yes 🖲	No A.13. Ec	lucation Lev	vel	* A.14. P	ay Plan		* A.15.	Series	* A.16. Grade	e	A.17. Step	
		01				9]	GS]	020	01	07			
														·			

 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.

		SEC	TION B: TRA	INING COURSI	E DATA				
B.1a. Name and Mailing Addres	ss of Training Vendor								
· © ID 🔍	Name				C ott	er If Other,	please specify		
* Street Address			*	City	* State	/ Province	* Postal C	Code * Country	
B.1b. Location of Training Site					I		I	I	
If Same, mark box.									
Street Address			City		State / Province	1	Postal Code	Country	
						[
B.1c. Vendor Email Address				B.1d. \	/endor Telephon	e Number			
* B.2a. Course Title	B.2b. Course Numbe	er Code	* B.3. Trainir	g Start Date (MP	V/DD/YYYY)	* B.	4. Training End	Date (MM/DD/YYYY)	
* B.2a. Course Title	B.2b. Course Numbe	er Code	* B.3. Trainir	g Start Date (MA	V/DD/YYYY)	* B.	4. Training End	I Date (MM/DD/YYYY)	
B.2a. Course Title B.5. Training Duty Hours	B.2b. Course Numbe	er Code 5. Training Non-D	* B.3. Trainin	g Start Date (MA	* B.7. Trainin	* B.	4. Training End	I Date (MM/DD/YYYY)	
B.2a. Course Title B.5. Training Duty Hours	B.2b. Course Number	er Code 5. Training Non-D	* B.3. Trainir	g Start Date (M)	* B.7. Trainin	* B.	4. Training End	I Date (MM/DD/YYYY)	
B.2a. Course Title B.5. Training Duty Hours B.9. Training Sub Type Code	B.2b. Course Number	er Code 5. Training Non-D B.10. Training	* B.3. Trainin	g Start Date (M/	* B.7. Trainin Please Selecting ype Code	* B, ig Purpose it One B.12. Tr	4. Training End	I Date (MM/DD/YYYY) I Date (MM/DD/YYYY) I Date (MM/DD/YYYYY) I Date (MM/DD/YYYY) I Date (MM/DD/YYYYY) I Date (MM/DD/YYYY) I Date (MM/DD/YYYYY) I Date (MM/DD/YYYYY) I Date (MM/DD/YYYY) I Date (MM/DD/YYY) I Date (MM/DD/YYYY) I Date (MM/DD/YYY) I Date (MM/DD/YYY) I Date (MM/DD/YYY) I Date (MM/DD/YYY) I Date (MM/DD/YY) I Da	t
B.2a. Course Title B.5. Training Duty Hours B.9. Training Sub Type Code Please Select One	B.2b. Course Number	er Code 5. Training Non-D B.10. Training Please Selec	* B.3. Trainir	g Start Date (M) * B.11. Train Designation T Please Selec	B.7. Trainin B.7. Trainin Please Select ing type Code ct One	* B.	4. Training End	Date (MM/DD/YYYY) S.13. Training Credi Type Code ·· Please Select One	t
B.2a. Course Title B.2a. Course Title B.5. Training Duty Hours B.9. Training Sub Type Code Please Select One B.14. Training Accreditation Indicator	B.2b. Course Number	er Code 5. Training Non-D B.10. Training Please Selec ed Service red Indicator	* B.3. Trainin Duty Hours Delivery Type t One B.1 Req	g Start Date (M/ B.11. Train Designation T Please Select 5. Continued Se uired Expiration	B.7. Trainin B.7. Trainin Please Select ing type Code ct One v ervice Agreement n Date	* B. g Purpose * it One B.12. Tr	4. Training End Type raining Credi B.17. Training	Date (MM/DD/YYYY) S.13. Training Credi Fype Code ··· Please Select One g Source Type Code	t

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 c	chargeable		C.2. Indirect Cost and appropriation/fund chargeable					
Item	* Amount	Appropriation Fund	ltem	* 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

		c.o. bining instructions	
\$0.00		USDA OCEO	
· <u>····</u>		Controller Operations Division, ACPRB	
C.4. Document / Purchase Order / Requisition No		ARS Operations Section P.O. Box 53326 New Orleans Louisiana 70153	
Doc #: 0003050023; Vend Code: 1500110220		V	
		A	
C.5. 8-Digit Station Symbol			
12-40-0300			
1. After you review the for	m for accuracy and	completeness, click submit.	
ıbmit Save			
2 The Approval Submissi	on nade annears		
2. The Approval Submissi	on page appears.		
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	Poquest	Authorization Agro	omont 9	Cortifi	ication of	Training					
	Below is a list of	all of your External Requests. C	Click the Request Click	iest ID for r	more information	on about the re	equest. Click	k Copy Request o	r Withdraw Req	uest button and	
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	Request ID 89690	Title AgLearn Maintenance	Start Date 2/21/2011	End D 2/25/2	ate Statu 011 Subn	s nitted		Pending Approv Pending Step 1	val Actions	Action Copy Request Withdraw Request	
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	A.1. Applicant Last Name Gibson Brooks	's Name First Name Sherell	Middle Initial		First Five Letters of GIBSO	Last Name					
	A.4. Home Add	7866		A.5. H	Iome Phone	* A.S. Position Leve	əl				
	Street Address	HRD-OFFICE OF THE DIRECTOR, 5601 SUN	INYSIDE AVE, STOP	5103 301-50	04-1439	C a. Non-supervisory C b. Manager		C b. Manager			
	City	State / Province Postal Code	Country	У	🧟 c. Supervisory 🖉 d. Executive			C d. Executive			
	BELTSVILLE	MD 20705-5103	USA								
	A.7. Organizatio	n Mailing Address	A	.8. Office Phone	•	A.9. Work Email Ad	ddress				
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