



Force Systems Management

Role Request Form

User Info:

User’s Last Name:		First Name:		Middle Initial:		Suffix:	
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*User’s EDIPI:		* Only REQUIRED if [Signature of ELMS User] is not present.
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Enter Force, and Force Command. Select the Environment Requested and Form Type.

Force	Force Command	Environment	Form Type
	All		

Access Levels:

*Level of Access will determine where the roles are assigned

UPDATE Level of Access	REPORT Level of Access	INQUIRY Level of Access

Assignment:

Force Group	Force Element
All	All

Force Group	Force Element
All	All

System Role Selection:

I want to...	Role Selections	I want to...	Role Selections

Additional Information:	
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Signatures:

*If IO & CCB are the same, only one signature is required in IO field.

Signature of ELMS User:		Date:	
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Signature of Information Owner:		Date:	
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Extra Assignments:

Force Group	Force Element
All	All
Force Group	Force Element
All	All
Force Group	Force Element
All	All
Force Group	Force Element
All	All
Force Group	Force Element
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Force Group	Force Element
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Force Group	Force Element
All	All
Force Group	Force Element
All	All





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ELMS Force Systems Management Role Request Form Instructions

Request this Form from ELMS Support or ELMS Security.		
To view all available Roles and associated training, visit the ELMS Support website at http://ELMSSupport.golearnportal.org/ . Once on the site go to Support > Request Access > select any module, and then select "View ELMS Roles Spreadsheet."		
User Name	Required	Only one User Name Per form.
User's EDIPI	Optional	Enter the User's EDIPI if the User's signature is not present.
Force	Required	Only one Force is permitted per form.
Force Command	Required	Only one Force Command is permitted per form unless the user requires access to All Force Command. In this case, check the ALL checkbox.
Environment	Required	One Environment must be selected from the drop-down menu.
Form Type	Required	Select the purpose of the form, to create or update user's account.
Level of Access	Required, (Optional for form type = Update User)	Level of Access will determine where the roles are assigned. - Indicate which level of access is required for each: Update, Reports, and Inquiry. - For Current users, if no Level of Access selected, access will remain the same.
Force Group	Required, (Optional for form type = Update User)	- If Level of Access for updates is Force Command or above, then check the ALL checkbox for Force Group & Force Element combination. - If Level of Access for updates is equal to Force Group, then enter a valid Force Group/ Force element Combination. - Access maybe requested for one or more valid Force Group(s) per Associated Force Command. - If multiple Force Groups are requested for a specific Force Command, List each on a separate line. (More space is on page 2).
Force Element(s)	Required, (Optional for form type = Update User)	- If Level of Access for updates is Force Group or above, then check the ALL checkbox for Force element and enter valid Force Group. - If Level of Access for updates is equal to Force Element, then enter a valid Force Group/ Force Element Combination in corresponding fields. - Access maybe requested for one or more valid Force Groups) per Associated Force Command/Force Group Combination. - If multiple Force Elements are requested for a specific Force Group, List each on a separate line. (More space is on page 2).
Role Selections	Required, (Optional for form type = Update User)	Select the desired roles from the drop-down menu and indicate Add or Delete.
Additional Information	Optional, (Required for form type = Update User)	Include any Additional Information that can assist with the Account Setup or Updates.
Signature of ELMS User & Date	Required	- Required if User's EDIPI is not present above. - Include the digital signature with EDIPI # of the User who is requesting access to the ELMS System. - Enter the date the form is digitally signed.
Signature of Information Owner & Date	Required	- Include the digital signature of the appointee responsible for approv-ing access to the ELMS system. (i.e. Information Owner or Alternate Information Owner) - Enter the date the form is digitally signed