



# Inventory Control Point

# Role Request Form

## User Info:

|                          |  |                    |  |                        |  |                |  |
|--------------------------|--|--------------------|--|------------------------|--|----------------|--|
| <b>User's Last Name:</b> |  | <b>First Name:</b> |  | <b>Middle Initial:</b> |  | <b>Suffix:</b> |  |
|--------------------------|--|--------------------|--|------------------------|--|----------------|--|

|                       |  |  |
|-----------------------|--|--|
| <b>*User's EDIPI:</b> |  | <small>* Only REQUIRED if [Signature of DPAS User] is not present.</small> |
|-----------------------|--|--|

Enter the Program and Select the Environment Requested.

| Program | Environment | Form Type |
|---------|-------------|-----------|
|         |             |           |

## Main Access Level:\*

Access Level will determine where the roles are assigned.

Required\*

| UPDATE & INQUIRY<br>Level of Access | Division | ICP |
|-------------------------------------|----------|-----|
|                                     | All      | All |

| I want to... | Role Selections |
|--------------|-----------------|
|              |                 |
|              |                 |
|              |                 |
|              |                 |
|              |                 |

| I want to... | Role Selections |
|--------------|-----------------|
|              |                 |
|              |                 |
|              |                 |
|              |                 |
|              |                 |

## Second Access Level:

\*Use for separate access levels, or if needed, more role selections\*

| UPDATE & INQUIRY<br>Level of Access | Division | ICP |
|-------------------------------------|----------|-----|
|                                     | All      | All |

| I want to... | Role Selections |
|--------------|-----------------|
|              |                 |
|              |                 |
|              |                 |
|              |                 |
|              |                 |

| I want to... | Role Selections |
|--------------|-----------------|
|              |                 |
|              |                 |
|              |                 |
|              |                 |
|              |                 |

## Additional Info:

|                                |  |
|--------------------------------|--|
| <b>Additional Information:</b> |  |
|--------------------------------|--|

## Signatures:

\*User signature only required if EDIPI not listed above

|                                |  |              |  |
|--------------------------------|--|--------------|--|
| <b>Signature of DPAS User:</b> |  | <b>Date:</b> |  |
|--------------------------------|--|--------------|--|

|  |  |              |  |
|--|--|--------------|--|
| <b>Signature of Information Owner:</b> |  | <b>Date:</b> |  |
|--|--|--------------|--|





# Inventory Control Point

# Role Request Form

## **DPAS Inventory Control Point Roles Request Form Instructions**

All user access forms are located on the DPAS Support website at <http://dpassupport.golearnportal.org/>.  
Once on the page go to Support > Request Access > and then select Inventory Control Point.

**To view all available Roles and associated training, click the [View DPAS Roles Spreadsheet](#).**

|  |           |  |
|--|-----------|--|
| <b>User Name</b>                                 | Required  | <ul style="list-style-type: none"> <li>Enter in necessary fields.</li> </ul>   |
| <b>User's EDIPI</b>                              | Optional  | <ul style="list-style-type: none"> <li>Enter the User's EDIPI if the User's signature is not present.</li> </ul>   |
| <b>Program</b>                                   | Required  | <ul style="list-style-type: none"> <li>Only one Program is permitted per form.</li> </ul>  |
| <b>Environment</b>                               | Required  | <ul style="list-style-type: none"> <li>One Environment must be selected from the drop-down menu.</li> </ul>  |
| <b>Form Type</b>                                 | Required  | <ul style="list-style-type: none"> <li>Select the purpose of the form, to update or create a user's account.</li> </ul>  |
| <b>Update &amp; Inquiry Level of Access</b>      | Required  | <ul style="list-style-type: none"> <li><b>Level of Access will determine where the roles are assigned.</b></li> </ul>  |
| <b>Division</b>                                  | Required  | <ul style="list-style-type: none"> <li>Enter the Division the user will need access to.</li> <li>If Level of Access is Program, then check the ALL checkbox for Division in the Main Access Level.</li> <li>If Level of Access is Division, then enter a valid Program/Division combination.</li> <li>If multiple Divisions are requested, use the remaining Access Level Sections.</li> </ul> |
| <b>ICP</b>                                       | Required  | <ul style="list-style-type: none"> <li>Enter the ICP the user will need access to.</li> <li>If Level of Access is Division or above, then check the ALL checkbox for ICP.</li> <li>If Level of Access is ICP, then enter a valid Division / ICP combination in the corresponding fields.</li> <li>If multiple ICPs are requested, use the remaining Access Level Sections.</li> </ul>          |
| <b>Role Selections</b>                           | Required  | <ul style="list-style-type: none"> <li>Select the desired roles from the drop-down menu and indicate Add or Delete.</li> <li>If more roles are required than boxes provided, use the remaining Access Level Sections.</li> </ul>   |
| <b>Additional Information</b>                    | As needed | <ul style="list-style-type: none"> <li>Include any Additional Information that can assist with the Update process.</li> </ul>  |
| <b>Signature of DPAS User &amp; Date</b>         | Required  | <ul style="list-style-type: none"> <li>Required if User's EDIPI is not present above.</li> <li>Include the digital signature with EDIPI # of the User who is requesting access to the DPAS System.</li> <li>Enter the date the form is digitally signed.</li> </ul>  |
| <b>Signature of Information Owner &amp; Date</b> | Required  | <ul style="list-style-type: none"> <li>Include the digital signature of the appointee responsible for approving access to the DPAS system. (i.e. Information Owner or Alternate Information Owner)</li> <li>Enter the date the form is digitally signed</li> </ul>   |

