

User Info:

Warehouse Management

Role Request Form

User's Last Name	:	First Name:		Middle	e Initial:	Suffix:			
*User's EDIPI:		*Only REQUIRED if [Signature of DP		'AS User] is	not present	t.			
Enter the Logistics Pro	Enter the Logistics Program and Select the Environment(s) Requested.								
Logistics Program		Environm	ent	Form Type					
Main Access Level:* Required*									
UPDATE, REPORT & INQUIRY Level of Access		Region	Site		Warehouse				
		All	All		All		All		
I want to	Rol	e Selections	Security Commodity Types			\neg			
				All		All			
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Second Aco	race Laval	•							
		• ed, more role selections.							
UPDATE, REPORT & INQUIRY Level of Access		Region	Site		Warehouse				
		All		All			All		
I want to Role Selections		e Selections	Security Commodity Types			\neg			
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Third Access Level: Use for separate access levels, or if needed, more role selections.									
UPDATE, REPORT & INQUIRY		Region	Site		W	Varehouse			
Level of A	Access								
		All		All			All		
I want to Role Se		e Selections	s Se		curity Commodity Types				
							All		
	Settled of Day								





Fourth Access Level:

Role Request Form

		ed, more role selections.			
UPDATE, REPORT & INQUIRY Level of Access		Region	Site	Warehouse	
		All	All	All	
I want to	I want to Role Selections		Security Commodity Types		
				All	
\vdash					
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Fifth Access Use for separate access		ed, more role selections.			
UPDATE, REPORT & INQUIRY Level of Access		Region	Site	Warehouse	
Level of A	<u> </u>	All	All	All	
I want to	Rol	e Selections	Security Commodity Types		
			,	All	
ļ					
<u> </u>					
Additional	Info:				
Additional					
Information:					
Signatures:					
*User signature only re Signature of	equired if EDIPI no	ot listed above	Date	1	
DPAS User:			Date		
Signature of			Date		
Information Owne	er: 				



Warehouse Management

Role Request Form

DPAS Warehouse Management 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 Warehouse Management.

To view all available Roles and associated training, click the View DPAS Roles Spreadsheet.

TO VIEW 8	iii available Noies and associated train	ing, click the view DPAS Roles Spreadsheet.
User Name	Required	Enter in necessary fields.
User's EDIPI	Optional	Enter the User's EDIPI if the User's signature is not present.
Logistics Program	Required	Only one Logistic Program is permitted per form.
Environment	Required	One Environment must be selected from the drop-down menu.
Form Type	Required	Select the purpose of the form, to update or create a user's account.
Level of Access	Required	Level of Access will determine where the roles are assigned.
Region	Required	Enter the Region the user will need access to. If Level of Access is Logistic Program, then check the ALL checkbox for Regions in the Main Access Level. If Level of Access is Region, then enter a valid Logistic Program/Region combination. If multiple Regions are requested, use the remaining Access Level Sections.
Site	Required	Enter the Site the user will need access to. If Level of Access is Region or above, then check the ALL checkbox for Site and Warehouse. If Level of Access is Site, then enter a valid Region / Site combination in the corresponding fields. If multiple Sites are requested, use the remaining Access Level Sections.
Warehouse	Required	Enter the Warehouse the user will need access to. If Level of Access is Site or above, then check the ALL checkbox for Site/Warehouse. If Level of Access is Warehouse, then enter a valid Region/Site/Warehouse Combination. If multiple Warehouses are requested, use the remaining Access Level Sections.
Role Selections	Required	Select the desired roles from the drop-down menu and indicate Add or Delete. If more roles are required than boxes provided, use the remaining Access Level Sections.
Security Commodity Types	Optional	The ALL checkbox will automatically be checked as Default If individual Security Commodity Types need to be listed, uncheck the ALL checkbox and list all Commodity Types separated by commas.
Additional Information	As needed	Include any Additional Information that can assist with the Update process.
Signature of DPAS 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 DPAS System. Enter the date the form is digitally signed.
Signature of Information Owner & Date	Required	Include the digital signature of the appointee responsible for approving access to the DPAS system. (i.e. Information Owner or Alternate Information Owner) Enter the date the form is digitally signed
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