

AgLearn Electronic SF-182 – Employee/User Role

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

The screenshot displays the AgLearn user interface. On the left, the 'To-Do List' is visible, showing a list of overdue items under the heading 'Overdue'. The items include 'Effects of Climate Change on Polar Ice Caps' (36 days overdue), 'Principles of Weather and Climate Change' (34 days overdue), and 'Communication 101' (29 days overdue). Below this, a section titled 'Due within a month' lists 'Microsoft Access 2007 and Microsoft Publisher 2007' and 'New Features for End Users in Microsoft Office 2007'. On the right, the 'Easy Links' section is shown, featuring a grid of navigation options. A red box highlights 'SF-182 Requests' under the 'Reports' column, with a red arrow pointing to it. Other links include 'Approvals', 'Completed Work', 'News', 'IDPs', 'Record Learning', 'User Settings', 'Skills Inventory', 'Start an Assessment', 'Curricula', 'Competencies', 'Goals', and 'Communities'.

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

Administrator Role > Welcome Lyndell Walker | Catalog Search

My Employees Catalog

Request, Authorization, Agreement & Certification of Training Help

Below is a list of all of your SF-182 Request. Click the Request ID for more information about the request. Click **Copy Request** or **Withdraw Request** button and click Go to Copy or Withdraw from an SF-182 Request. Click the **New Request** button to initiate a new request.

Request ID	Title	Status	Pending Approval Actions	Action
97194	Records Management	Approved	Pending Verification	Copy Request
96996	Intro to Production	Completed and Verified	None	Copy Request
96982	Intro to napkin folding	Completed and Verified	None	Copy Request
89696	Testing Save By Another User	Denied	None	Copy Request Resubmit
84552	test	Withdrawn	None	Copy Request
79464	123	Denied	None	Copy Request Resubmit
79460	Creating a SharePoint Site	Denied	None	Copy Request Resubmit
72698	SF-182 Training	Verification Denied	None	Copy Request Verify Resubmit
72696	Approval Process of SF-182	Verified	None	Copy Request
64989	Test	Denied	None	Copy Request Resubmit

Records per Page: 10 Page: 1 2 -Previous Next (14 total records)

[New Request](#)

5. The SF-182 form will open.
 6. 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 **REQUIRED** field.
- Note: Block A.4 – Home address – complete this field especially for OPM, FEI, and GSA courses)

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					<input checked="" type="radio"/> Add		<input type="radio"/> Delete
A.1. Applicant's Name				First Five Letters of Last Name			
Last Name		First Name		Middle Initial		WALKE	
Walker		Lyndell		A			
A.4. Home Address				A.5. Home Phone		* A.6. Position Level	
Street Address		HRD- OFFICE OF THE DIRECTOR, 5601 SUNNYSIDE AV		301-504-1396		<input type="radio"/> a. Non-supervisory <input type="radio"/> b. Manager	
City		State / Province		Postal Code		<input type="radio"/> c. Supervisory <input type="radio"/> d. Executive	
BELTSVILLE		MD		20705-5103			
				USA			

7. Complete blocks A.7 thru A.17 as appropriate.

A.7. Organization Mailing Address			A.8. Office Phone	A.9. Work Email Address	
Add1	<input type="text"/>		<input type="text"/>	<input type="text" value="lyndel.walker@ars.usda.gov"/>	
Add2	<input type="text"/>				
City	State / Province	Postal Code			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
A.10. Position Title	A.11. Does applicant need special accommodation?		If yes, please describe below		
<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="text"/>		
A.12. Type of Appointment	A.13. Education Level	* A.14. Pay Plan	* A.15. Series	* A.16. Grade	A.17. Step
01 <input type="text"/>	9 <input type="text"/>	GS <input type="text"/>	0201 <input type="text"/>	07 <input type="text"/>	<input type="text"/>

8. 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>.

SECTION B: TRAINING COURSE DATA					
B.1a. Name and Mailing Address of Training Vendor					
* ID <input type="text"/>		Name <input type="text"/>		<input type="radio"/> Other If Other, please specify <input type="text"/>	
* Street Address	* City	* State / Province	* Postal Code	* Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
B.1b. Location of Training Site					
<input type="checkbox"/> If Same, mark box.					
Street Address		City	State / Province	Postal Code	Country
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B.1c. Vendor Email Address			B.1d. Vendor Telephone Number		
<input type="text"/>			<input type="text"/>		
* 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)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
* B.5. Training Duty Hours	* B.6. Training Non-Duty Hours	* B.7. Training Purpose Type			
<input type="text"/>	<input type="text"/>	-- Please Select One -- <input type="text"/>			
* B.9. Training Sub Type Code	B.10. Training Delivery Type	* B.11. Training Designation Type Code	B.12. Training Credit	* B.13. Training Credit Type Code	
-- Please Select One -- <input type="text"/>	-- Please Select One -- <input type="text"/>	-- Please Select One -- <input type="text"/>	0 <input type="text"/>	-- Please Select One -- <input type="text"/>	
* B.14. Training Accreditation Indicator	* B.15. Continued Service Agreement Required Indicator	B.16. Continued Service Agreement Required Expiration Date		B.17. Training Source Type Code	
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	<input type="text"/>		-- Please Select One -- <input type="text"/>	

9. 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 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	

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.

All ARS Offices, except for Pacific West Area, and Southern Plains Area

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.

ARS-Pacific West Area

USDA-ARS-PWA

Area Finance Office
 800 Buchanan St
 Albany, CA 94710

ARS-Southern Plains Area

USDA-ARS-SPA

1001 Holleman Drive, East
 College Station, Texas 77840

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

11. After you review the form for accuracy and completeness, click **submit**.



12. The Approval Submission page appears.

13. **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 this process has not been followed, the learner may conduct a search, however, the supervisor’s name should be populated via the profile.

Approval Submission Help

Submit for Approval

[← Back](#)

The item/request selected requires approval using the steps listed below.

Any steps 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

[Submit](#)

14. **Step 2-4** will be “Auto-approvers” – the system will automatically move through these steps.

15. **Step 5 & 6** – choose the “**Select User for Approval**” link to search for and add the name of the **Step 5 approver (fund holder)** and the **Step 6 approver (person responsible for reviewing the form for accuracy, add accounting, billing info, and printing the form before submission)**.

Add Peer Approvers Help

Submit for Approval → Search for Users

[Previous](#)

Search for Users to Add

User ID: Contains

Last Name: Contains

First Name: Contains

Middle Initial: Contains

Job Position: Contains

Email: Contains

[Search](#)

16. After you have selected your "Approvers", click **Submit**.
- A confirmation of the course will appear.

aglearn+ adding to your knowledge

Administrator Role > Welcome Lyndell Walker | Catalog Search

Home My Employees Catalog

Request, Authorization, Agreement & Certification of Training Help

External Learning Request Form

Your External Learning Course Request is Successfully submitted to the specified approvers for the approval. Please check the external learning request list for the approval status.

Course Title: Computer Science

17. (Optional) To view the SF-182 you submitted, click the Home page then click SF-182 Request on Easy Links and click the Request ID.

Home My Employees Catalog

Welcome Lyndell Walker

Home My Employees Catalog

Employees Lyndell A Walker ABC-HQ

You have pending approval requests

To-Do List Show: Everything

Overdue

- 57 days overdue: Effects of Climate Change on Polar Ice Caps (Prerequisites not met)
- 56 days overdue: USDA Level 1 Survey for Communication Techniques (Must be registered)
- 50 days overdue: Communication 101 (Must be registered)

Due within a month

- 3/31/2011: Microsoft Access 2007 and Microsoft Publisher 2007 (Available)
- New Features for End Users in Microsoft Office 2007 (Available)

Easy Links

- Approvals: Completed Work, News, IDPs, Record Learning
- Reports: SF-182 Requests, Skills Inventory, Start an Assessment, User Settings
- Curricula: Overdue (0), Due in 30 days (1), Due Later (1)
- Competencies: You have no assigned competencies
- Goals: You are on target, Pending approval
- Communities: See what's happening in the forums

Request, Authorization, Agreement & Certification of Training Help

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Request ID	Title	Status	Pending Approval Actions	Action
97214	Computer Science	Submitted	Pending Step 1	Copy Request, Withdraw Request
97194	Records Management	Approved	Pending Verification	Copy Request
96996	Intro to Production	Completed and Verified	None	Copy Request
96982	Intro to napkin folding	Completed and Verified	None	Copy Request
89696	Testing Save By Another User	Denied	None	Copy Request, Resubmit
84552	test	Withdrawn	None	Copy Request
79464	123	Denied	None	Copy Request, Resubmit
79460	Creating a SharePoint Site	Denied	None	Copy Request, Resubmit
72698	SF-182 Training	Verification Denied	None	Copy Request, Verify, Resubmit
72696	Approval Process of SF-182	Verified	None	Copy Request

Records per Page: 10 Page: 1 of 2 (15 total records) [New Request](#)

18. **(Optional)** Once the form has been approved by all approvers, the learner must print a copy of the form and provide a copy to whomever is responsible for ordering and paying for the training, faxing the document to NFC for payment.

Note: When paid by credit card, be sure card holder receives a copy.



Training Request ID: 111119
 Course Title: Information Systems Management and Integration
 Vendor Name: University of Maryland University College
 Training Start Date: 3/25/2011 America/New York
 Training End Date: 4/8/2011 America/New York

Request Status: Submitted

External Learning Request Details

View Actual Request

Printable Version

AUTHORIZATION, AGREEMENT & CERTIFICATION OF TRAINING SF-182 REQUEST ID:111119

A. Agency Code, agency sub element and submitting office number				B. Request Status / Record Action	
AG034860				Add	
A.1. Applicant's Name			First Five Letters of Last Name		
Last Name	First Name	Middle Initial	WALKE		
Walker	Lyndell	A			
A.4. Home Address				A.5. Home Phone	* A.6. Position Level
Street Address HRD- OFFICE OF THE DIRECTOR, 5601 SUNNYSIDE AVE, STOP 5103				301-504-1396	<input checked="" type="radio"/> a. Non-supervisory <input type="radio"/> b. Manager <input type="radio"/> c. Supervisory <input type="radio"/> d. Executive
City		State / Province	Postal Code	Country	
BELTSVILLE		MD	20705-5103	USA	
A.7. Organization Mailing Address			A.8. Office Phone	A.9. Work Email Address	
Add1				lyndell.walker@ars.usda.gov	
Add2					
City		State / Province	Postal Code		
A.10. Position Title		A.11. Does applicant need special accommodation?:		If yes, please describe below	
		No			
A.12. Type of Appointment		A.13. Education Level	* A.14. Pay Plan	* A.15. Series	* A.16. Grade
					A.17. Step