

# SOFTWARE CHANGE REQUEST

**TO BE COMPLETED BY REQUESTING OFFICIAL (COMPLETE BLOCKS 1 – 15 FOR ALL TYPES OF REQUESTS)**  
**ALL FIELDS ARE REQUIRED UNLESS OTHERWISE NOTED. Blank fields may lead to request rejection or processing delays.**

|   |   |   |                    |   |   |   |
|---|---|---|--------------------|---|---|---|
| 1. DEPARTMENT/AGENCY  | 2. DEPARTMENT AND AGENCY CODE   | 3. AGENCY CONTROL /TRACKING NUMBER  | 4. DATE OF REQUEST |   |   |   |
| <b>CONTACT (AUTHORIZED SUBMITTER)</b>   |   | <b>CONTACT (ORGANIZATION REQUESTING CHANGE)</b>   |                    |   |   |   |
| 5. NAME/TITLE   | 8. NAME/TITLE   |   |                    |   |   |   |
| 6. E-MAIL ADDRESS   | 9. E-MAIL ADDRESS   |   |                    |   |   |   |
| 7. PHONE NUMBER   | 10. PHONE NUMBER  |   |                    |   |   |   |
| <p>11. DO YOU HAVE FUNDING SECURED TO PAY FOR A FUNCTIONAL REQUIREMENTS DOCUMENT (\$5,000.00 + ) IF ONE IS REQUIRED?</p> <p><b>Please note:</b> Because project resources are committed based on signed Inter-Agency Agreements, priority is given to projects with funding available. Requesting a project without identified funding may result in disruptions to project completion for your Agency and/or other Agencies.</p> <p>YES      NO</p> <p>Planned Funding Source:    _____ Single-Year    _____ Multi-Year    _____ No-Year</p> <p>Authority: _____</p>   |   |   |                    |   |   |   |
| 12. PROJECT TITLE   |   |   |                    |   |   |   |
| <p>13. TYPE OF REQUEST: CHECK ALL THAT APPLY. ATTACH FILES AS APPLICABLE</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <p><b>HR/PAYROLL</b></p> <p>401K, CATCH-UP, ROTH PLAN CODES – <b>COMPLETE SECTION A</b></p> <p>ACCOUNTING – <b>COMPLETE SECTION B</b></p> <p>EMPLOYEE PERSONAL PAGE (EPP)</p> <p>EMPOWHR – <b>COMPLETE SECTION C</b></p> <p>EPIC</p> <p>FUNDS CONTROL SYSTEM (FUND)</p> <p>GOVTA – <b>COMPLETE SECTION D</b></p> <p>NEW ALLOWANCE / BONUS / AWARD – <b>COMPLETE SECTION E</b></p> <p>NEW FLEXIBLE SPENDING ACCOUNT (FSA) – <b>COMPLETE SECTION F</b></p> <p>NEW PAY PLAN / BAND – <b>COMPLETE SECTION G</b></p> <p>PAYCHECK8</p> <p>POSITION MANAGEMENT SYSTEM (PMSO) – <b>COMPLETE SECTION H</b></p> <p>SPPS PAYMENTS – ATTACH SCREENSHOTS OF THE SCREEN RELATED TO YOUR REQUEST</p> </td> <td style="width: 33%; vertical-align: top;"> <p><b>INSURANCE</b></p> <p>CENTRALIZED ENROLLMENT CLEARINGHOUSE SYSTEM (CLER) – <b>COMPLETE SECTION I</b></p> <p>DIRECT PREMIUM REMITTANCE SYSTEM (DPRS) – MAINFRAME</p> <p>DIRECT PREMIUM REMITTANCE SYSTEM (DPRW) – <b>COMPLETE SECTION J</b></p> <p>TRIBAL INSURANCE PROCESSING SYSTEM (TIPS) – <b>COMPLETE SECTION K</b></p> <p><b>SECURITY</b></p> <p>PIV / MFA – <b>COMPLETE SECTION L</b></p> <p>SECUREALL (SALL)</p> <p>SECURE FILE TRANSFER PROTOCOL (SFTP) – <b>COMPLETE SECTION M</b></p> <p>WEB SECURITY ENTRY AND TRACKING SYSTEM (WEBSETS)</p> <p>DOES YOUR SECURITY-RELATED REQUEST HAVE A DEADLINE? IF YES, PLEASE PROVIDE:</p> <p>YES      NO      DATE: _____</p> </td> <td style="width: 33%; vertical-align: top;"> <p><b>REPORTING</b></p> <p>INSIGHT – PLEASE NOTE THAT NFC DOES NOT FULFILL REQUESTS TO PULL REPORTS VIA SCR</p> <p>REPORTING CENTER – <b>COMPLETE SECTION N</b></p> <p>TABLE MANAGEMENT SYSTEM (TMGT) – ATTACH SCREEN PRINT(S)</p> <p>ROM</p> <p>EOPF – CHECK APPROPRIATE FORM(S)</p> <p>SF50</p> <p>SF2809</p> <p>SF2810</p> <p>TSP1</p> <p>TSP1C</p> <p>OTHER REQUEST – PLEASE INDICATE BELOW</p> </td> </tr> </table> |   |   |                    | <p><b>HR/PAYROLL</b></p> <p>401K, CATCH-UP, ROTH PLAN CODES – <b>COMPLETE SECTION A</b></p> <p>ACCOUNTING – <b>COMPLETE SECTION B</b></p> <p>EMPLOYEE PERSONAL PAGE (EPP)</p> <p>EMPOWHR – <b>COMPLETE SECTION C</b></p> <p>EPIC</p> <p>FUNDS CONTROL SYSTEM (FUND)</p> <p>GOVTA – <b>COMPLETE SECTION D</b></p> <p>NEW ALLOWANCE / BONUS / AWARD – <b>COMPLETE SECTION E</b></p> <p>NEW FLEXIBLE SPENDING ACCOUNT (FSA) – <b>COMPLETE SECTION F</b></p> <p>NEW PAY PLAN / BAND – <b>COMPLETE SECTION G</b></p> <p>PAYCHECK8</p> <p>POSITION MANAGEMENT SYSTEM (PMSO) – <b>COMPLETE SECTION H</b></p> <p>SPPS PAYMENTS – ATTACH SCREENSHOTS OF THE SCREEN RELATED TO YOUR REQUEST</p> | <p><b>INSURANCE</b></p> <p>CENTRALIZED ENROLLMENT CLEARINGHOUSE SYSTEM (CLER) – <b>COMPLETE SECTION I</b></p> <p>DIRECT PREMIUM REMITTANCE SYSTEM (DPRS) – MAINFRAME</p> <p>DIRECT PREMIUM REMITTANCE SYSTEM (DPRW) – <b>COMPLETE SECTION J</b></p> <p>TRIBAL INSURANCE PROCESSING SYSTEM (TIPS) – <b>COMPLETE SECTION K</b></p> <p><b>SECURITY</b></p> <p>PIV / MFA – <b>COMPLETE SECTION L</b></p> <p>SECUREALL (SALL)</p> <p>SECURE FILE TRANSFER PROTOCOL (SFTP) – <b>COMPLETE SECTION M</b></p> <p>WEB SECURITY ENTRY AND TRACKING SYSTEM (WEBSETS)</p> <p>DOES YOUR SECURITY-RELATED REQUEST HAVE A DEADLINE? IF YES, PLEASE PROVIDE:</p> <p>YES      NO      DATE: _____</p> | <p><b>REPORTING</b></p> <p>INSIGHT – PLEASE NOTE THAT NFC DOES NOT FULFILL REQUESTS TO PULL REPORTS VIA SCR</p> <p>REPORTING CENTER – <b>COMPLETE SECTION N</b></p> <p>TABLE MANAGEMENT SYSTEM (TMGT) – ATTACH SCREEN PRINT(S)</p> <p>ROM</p> <p>EOPF – CHECK APPROPRIATE FORM(S)</p> <p>SF50</p> <p>SF2809</p> <p>SF2810</p> <p>TSP1</p> <p>TSP1C</p> <p>OTHER REQUEST – PLEASE INDICATE BELOW</p> |
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15. CHANGE DESCRIPTION – REQUEST OBJECTIVE & BUSINESS RULES

In addition to a clear and detailed description of your request, provide relevant supplemental details and/or documentation, e.g., data elements, data flow, edits, input documents/screens requiring changes, inquiry screen, limitations, NOAC/authorities, other output documents, reports, security, system controls, table element values, and table matrix logic.

If PII information is being provided, attach a password protected document. Send password to [NFC.GESDRequest@usda.gov](mailto:NFC.GESDRequest@usda.gov) in a separate email.

**Please note that this section is REQUIRED. NFC requires a detailed description of the requested change, systems affected, and how your agency will be impacted. If sufficient detail is not provided, or not all attachments have been provided, you will be asked to re-submit a separate request.**

**SECTION A – 401K, CATCH-UP, ROTH PLAN CODES****Do NOT submit a request without all information below. NFC will not consider your submission unless all questions are completed.**

|   |   |  |
|---|---|--|
| 1. What is the name of plan code?   | 2. Will the plan be pre-tax or post-tax?<br>PRE-TAX      POST-TAX   | 3. Will the plan be subject to contributions?<br>YES      NO |
| 4. Will the plan allow employee to make up a missed employee contribution?<br>YES      NO   | 5. Will the plan be subject to IRS deferral limit?<br>YES      NO   |  |
| 6. Will the plan have minimum or maximum limits? (If yes, define limits.)<br>YES      NO      MINIMUM      MAXIMUM  | 7. Will the plan be tied to any existing plans? (If yes, define plans.)<br>YES      PLAN(S)<br><br>NO                     |  |
| 8. Will the deductions be a percentage, whole dollar, or both?<br>PERCENTAGE      DOLLAR AMOUNT      BOTH   | 9. Will manual processing be allowed to refund deduction amounts to employees that were deducted in error?<br>YES      NO |  |
| 10. What is the Routing Number?   | 11. Account Number  | 12. What is the vendor name? (Table 80 info)                 |
| 13. Which fields will be included in the payment vendor file layout? (Must include employee name, SSN, deduction amount, and plan code.)<br>EMPLOYEE NAME      SOCIAL SECURITY NUMBER      DEDUCTION AMOUNT      PLAN CODE      OTHER |   |  |
| 14. When is enrollment allowed? (e.g., Enrolled at accession, after probationary period, etc. (Provide attachment if additional lines are needed.)  |   |  |
| 15. Does employee need to re-enroll each year?<br>YES      NO   |   |  |
| 16. Will employee be able to start, stop, or change at any time?<br>YES      NO   |   |  |
| 17. What is the effective date for the new 401(k), Catch-up, or Roth plan(s) being implemented?   |   |  |
| 18. Provide TMGT Table update information. (Provide attachment if additional lines are needed.)   |   |  |

**SECTION B – ACCOUNTING****Do NOT submit a request without all information below. NFC will not consider your submission unless all questions are completed.**

|  |
|--|
| 1. Describe the impact of the change you are requesting (application impact, personnel, how widespread it will be).                          |
| 2. Which codes specifically will be changing? Please list any GLID codes, accounting lines, Treasury symbols, or other relevant information. |

**SECTION C – EmpowHR**

**Do NOT submit a request without all information below. NFC will not consider your submission unless all questions are completed.**

1. Identify type of request (if not Data File Interface type, skip to #14)

- |                        |  |                        |
|------------------------|--|------------------------|
| PAR PROCESSING         | THIRD PARTY INTEGRATION                  | OTHER (PLEASE SPECIFY) |
| HISTORY OVERRIDE       | NON-EMPLOYEE PROCESSING                  |                        |
| PAYROLL DOCUMENTS      | AGENCY IMPLEMENTATION TO EMPOWHR         |                        |
| PERFORMANCE MANAGEMENT | WORKLIST/WORKFLOW MANAGEMENT             |                        |
| MANAGER SELF-SERVICE   | REORGANIZATION/REALIGNMENT               |                        |
| EMPLOYEE SELF-SERVICE  | DATA FILE INTERFACE (PLEASE COMPLETE #2) |                        |

2. Is this a new or existing interface? If new, complete #3 - 13. If existing, provide the interface name and details of changes.

NEW: YES NO EXISTING: YES NO

**IF EXISTING**

INTERFACE NAME: \_\_\_\_\_ CHANGE DETAILS: \_\_\_\_\_

3. What is the new data file format?

- COMMA SEPARATED VALUES (CSV)
- PIPE DELIMITED
- XML
- EXCEL
- OTHER (PLEASE SPECIFY)

4. What frequency is needed for the new file?

- DAILY
- WEEKLY
- BI-WEEKLY
- MONTHLY
- OTHER (PLEASE SPECIFY)

5. Are header and footer rows needed? If yes, NFC will contact you for details.

YES NO

6. Is initial load (SEED) file required?

YES NO

7. Is this for 'full file' or 'changes only'?

FULL CHANGES ONLY

8. Should NFC overlay the previous file?

YES NO

9. Will the file include PII data? If yes, please provide additional details (Provide attachment if additional lines are needed.)

YES NO

10. Provide SFTP details (e.g., IP address, destination file name, etc.)

11. Who will be sending the files?

CUSTOMER AGENCY NFC OTHER \_\_\_\_\_

12. Who will be receiving the files?

CUSTOMER AGENCY NFC OTHER \_\_\_\_\_

13. What data elements are needed? (Provide attachment if additional lines are needed.)

14. Is this request related to the Component Interface (CI) utility tool? If NO, skip to question 15.

YES NO

**If YES, which worksheet is affected?**

- |  |                      |
|--|----------------------|
| JOB CODE DATA OR POSITION DATA COVER SHEET | STAGING & SUBMISSION |
| CONNECT INFORMATION                        | REQUIRED FIELDS      |
| TEMPLATE                                   | TRANSLATE VALUES     |
| DATA INPUT                                 |                      |

15. For all other change requests related to EmpowHR, what is the affected module? (Question not required if agency answered YES to question 14).

MODULE NAME \_\_\_\_\_

Please describe the navigation used to reach the affected page:

**SECTION D – GovTA**

**Do NOT submit a request without all information below. NFC will not consider your submission unless all questions are completed.**

1. Is this a transaction code update?

YES            NO

If YES, which codes are you specifically looking to update?

**SECTION E – NEW ALLOWANCE/BONUS/AWARD (If approval was required by OPM, provide a copy of the letter from OPM.)**

**Do NOT submit a request without all information below. NFC will not consider your submission unless all questions are completed.**

1. Provide a list of employees that will receive the allowance or bonus/award payment. Include total number of employees. **PII information, e.g., name and social security number, include an attachment with this information. Attachments are automatically encrypted in ServiceNow.**

2. What criteria should be used to identify eligible employees?

GRADE          SERIES          PAY PLAN          OTHER

4. Are LWOP or separated employees eligible to receive the allowance or bonus/award?

YES           NO

3. How will the allowance or bonus/award be paid, and how much will be paid each time?

BIWEEKLY \_\_\_\_\_ MONTHLY \_\_\_\_\_  
YEARLY LUMP SUM \_\_\_\_\_  YEARLY SPECIFIC AMOUNT DEDUCTED  
ONE TIME \_\_\_\_\_

5. Is a new transaction code needed on the T&A?

YES          NO

6. What is the award code?

7. What is the NOA/authority?

8. Should SF-50s be generated?

YES          NO

9. Should the allowance or bonus/award be reported in CPDF?

YES          NO

10. Is the allowance taxable?

YES          NO

11. If taxable, which tax categories apply?

FEDERAL          STATE          FICA

12. If allowance is part of base pay, should it be included in the calculation of:

TSP?    YES    NO          RETIREMENT?    YES    NO          LIFE INSURANCE?    YES    NO          N/A - NOT PART OF BASE PAY

13. If the allowance/bonus is a yearly amount and needs to be modified during the year, will NFC process a mass data adjustment under a reimbursable agreement?

YES          NO

**SECTION F – NEW FLEXIBLE SPENDING ACCOUNT (FSA) PLAN****Do NOT submit a request without all information below. NFC will not consider your submission unless all questions are completed.**1. What Department/Agency will use the new FSA? *(Provide attachment if additional lines are needed.)*2. What new FSA(s) are being proposed to implement in your organization? *(Provide attachment if additional lines are needed.)*

3. Is new FSA tax-deferred? 4. Will the new FSA have a vendor? If yes, please fill out questions 4a – 4d (Table 80 info).

YES NO

YES NO

4a. NAME

4b. ADDRESS

4c. ROUTING NUMBER:

4d. ACCOUNT NUMBER:

5. What is the effective date for the new FSA?

6. What is the minimum/maximum deduction allowed per pay period for the new FSA?

MINIMUM DEDUCTION \_\_\_\_\_ MAXIMUM DEDUCTION \_\_\_\_\_

7. Will the deduction amount be divided by 26 pay periods?

8. Will employee be able to start, stop, or change at any time?

YES NO

YES NO

9. Will the new FSA be mandatory or voluntary for employees? *(If mandatory, how many employees will be implemented?)*

MANDATORY

VOLUNTARY

NUMBER OF EMPLOYEES \_\_\_\_\_

10. When is enrollment allowed? *(e.g., Open Season/Annually, Pay Period, etc.?) (Provide attachment if additional lines are needed.)*

11. If agency currently has a FSA plan, is an employee allowed to enroll in more than one plan at a time?

12. Does employee need to re-enroll each year?

YES NO

YES NO

13. Will the new FSA be added to the Personal Benefits Statement? *(If yes, provide plan names. Provide attachment if additional lines are needed.)*

YES NO

**Notes:**

- Tables TM80 & TM85 will be updated for this request by NFC.
- NFC will provide a payment file with deduction data *(e.g., employee name, SSN, and deduction amount)* to the agency.
- NFC will provide a report that contains the payment file data.
- A plan code will be assigned by NFC for a new FSA.

**SECTION G – NEW PAY PLAN/BAND****Do NOT submit a request without all information below. NFC will not consider your submission unless all questions are completed.**1. List the pay plan/band, grade, step, minimum/maximum salary *(If more than one new pay plan/band is requested, or if additional lines are needed, provide on attachment.)*

PAY PLAN/BAND

GRADE:

STEP:

MINIMUM/MAXIMUM SALARY:

SALARY/LOCALITY

2. Will the new pay plan/band receive standard government salary/locality pay? If no, provide the locality information that corresponds to each grade and step. *(Provide attachment if additional lines are needed.)*

YES NO

3. If employees are currently serviced by NFC, provide a cross-walk and/or any additional information describing the existing pay plan/band and the new pay plan/band *(edits, pay caps, etc. Provide attachment if additional lines are needed.)*4. Current Pay Plan/Band *(Provide attachment if additional lines are needed.)*5. New Pay Plan/Band *(Provide attachment if additional lines are needed.)*

|   |     |   |                  |
|---|-----|---|------------------|
| 6. Will employees assigned to the new pay plan/band be entitled to within grade increases? Describe the within grade increase timeframes<br>(Provide attachment if additional lines are needed.). |     | YES   | NO               |
| 7. Will employees assigned to the new pay plan/band receive merit increase or annual pay raise?   |     |   |                  |
| MERIT INCREASE  | YES | NO  | ANNUAL PAY RAISE |
|   | YES | NO  |                  |
| 8. What personnel nature of action codes will be used to migrate the employees to new pay plan/band?  |     |   |                  |
| 9. How many employees will be implemented into the new pay plan/band?   |     | 10. Can employees assigned to the pay plan/band receive overtime? |                  |
|   |     | YES   | NO               |
| 11. Will a salary cap apply? If yes, define. (Provide attachment if additional lines are needed.)   |     | YES   | NO               |
| 12. How will the pay plan/band be calculated? (Annual-To-Hourly-Rate Divisor of 2087, etc. Provide attachment if additional lines are needed.)  |     |   |                  |
| 13. Will the new pay plan/band affect any other benefits, e.g., life insurance coverage amounts? if yes, define. (Provide attachment if additional lines are needed.)                             |     |   |                  |
| YES   |     |   | NO               |

**SECTION H – AGENCY REORGANIZATION**

**Do NOT submit a request without all information below. NFC will not consider your submission unless all questions are completed.**

|   |   |   |                       |
|---|---|---|-----------------------|
| 1. What is the reason for mass data adjustment?   |   |   |                       |
| REALIGNMENT POI CHANGE  | POSITION DESCRIPTION (PD NUMBER) CHANGE | REALIGNMENT ORGANIZATIONAL STRUCTURE CHANGE | REASSIGNMENT          |
| OTHER (PLEASE SPECIFY REASON FOR MASS DATA ADJUSTMENT.)   |   |   |                       |
| NOTE: If accounting information will be changing as a result of this change, add those requirements in the field labeled OTHER. |   |   |                       |
| 2. Will PMSO records be updated by NFC? If no, go to question #4. If yes, provide information below and complete #3 below.      |   |   |                       |
| YES   |   |   | NO                    |
| DEPARTMENT CODE   | AGENCY CODE                             | PERSONNEL OFFICE IDENTIFIER                 | SERVICING AGENCY CODE |
| OTHER (Please specify criteria. Provide attachment if additional lines are needed.)   |   |   |                       |
| 3. Which personnel action data elements will be included in the mass data adjustment?   |   |   |                       |
| NATURE OF ACTION (NOA)  | PAY PERIOD EFFECTIVE                    | PERSONNEL ACTION EFFECTIVE DATE             |                       |
| AUTHENTICATION DATE   | LEGAL AUTHORITY                         | AUTHORITY CODE                              | REMARKS CODE          |
| ADDITIONAL DATA REQUIRED (Provide attachment if additional lines are needed.)   |   |   |                       |
| 4. What is the selection criteria for individual positions?   |   |   |                       |
| ACTIVE POSITIONS  | OCCUPIED ONLY                           | INCLUDE VACANT                              | OTHER:                |
| 5. What action is requested for the disposition of former positions? (Choose One)   |   | 6. Should SF-50s be generated?              |                       |
| LEAVE VACANT AND ACTIVE   | ABOLISH                                 | INACTIVATE                                  | YES                   |
|   |   |   | NO                    |
| 7. Are other specifications required not listed above? (Attach additional pages, if necessary or list below.)                   |   |   |                       |
| YES   |   |   | NO                    |
| 8. Additional Specifications (Provide attachment if additional lines are needed.)   |   |   |                       |

**SECTION I – CENTRALIZED ENROLLMENT CLEARINGHOUSE (CLER)**

**Do NOT submit a request without all information below. NFC will not consider your submission unless all questions are completed.**

1. Is this request related to payroll office transmissions?

YES NO

If YES, what type of transmission request?

SCHEDULE CHANGE OTHER \_\_\_\_\_

2. Are you requesting a new report or change to a report in CLER? *If YES, attach an Excel file with your preferred UPDATED file format.*

**Your request will be rejected without this attachment.**

YES NO

Describe the report:

Describe the role(s) allowed to see this report:

**SECTION J – DIRECT PREMIUM REMITTANCE WEB (DPRW)**

**Do NOT submit a request without all information below. NFC will not consider your submission unless all questions are completed.**

1. Will this request require a database change?

YES NO

If YES, describe the change including any new table names, column names, column types, and whether or not it is nullable.

2. Are you requesting a new report or change to an existing report? *If YES, attach an Excel file with your preferred UPDATED file format*

**Your request will be rejected without this attachment.**

YES - EXISTING REPORT NO - NEW REPORT REQUEST NEITHER

Describe the report:

Describe the role(s) allowed to see this report:

**SECTION K – TRIBAL INSURANCE PROCESSING SYSTEM (TIPS)**

**Do NOT submit a request without all information below. NFC will not consider your submission unless all questions are completed.**

1. Will this request require a database change?

YES NO

If YES, describe the change including any new table names, column names, column types, and whether or not it is nullable.

2. Are you requesting a new report or change to an existing report? *If YES, attach an Excel file with your preferred UPDATED file format*

**Your request will be rejected without this attachment.**

YES - EXISTING REPORT NO - NEW REPORT REQUEST NEITHER

Describe the report:

Describe the role(s) allowed to see this report:

**SECTION L – PIV / MULTI-FACTOR AUTHENTICATION (MFA)**

**Do NOT submit a request without all information below. NFC will not consider your submission unless all questions are completed.**

1. How many total users does the Agency have that will require access to applications via USDA eAuthentication?

2. Does the Agency have a central user account repository that can authenticate all users within the Agency, and is capable acting as an Identity Provider (IDP) in a SAML 2.0 Federation partnership with USDA eAuthentication as the Service Provider (SP)?

YES NO

If YES, please describe the technology used (if NO, skip to question 6):

3a. Does the Agency have a persistent unique identifier that can be sent as the NAMEID in the SAML assertion to uniquely identify all users, and is guaranteed to never change over the life of the account?

YES NO

3b. If YES, please describe what the attribute is and how it's generated:

3c. Sample value of the unique identifier:

4. Is your agency able to provide the following attributes for the SAML assertion?

|  |     |    |
|--|-----|----|
| NameID – Persistent Unique Identifier for User:  | YES | NO |
| givenName – User's First Name:   | YES | NO |
| sn – User's Last Name:   | YES | NO |
| OrgID – Agency 4 digit code:<br>(see <a href="#">NIST SP800-87 Organization Code</a> ) | YES | NO |
| mail – Business Email Address:   | YES | NO |
| LOA (IAL & AAL) – NIST SP800-63 Level of Assurance (Set to AAL3 & IAL2):               | YES | NO |

5. Does the IdP support the Authentication Context feature of SAML (with the RequestedAuthnContext and AuthnContextClassRef elements in the AuthnRequests as well as the AuthnContext and AuthnContextClassRef elements in the SAMLResponses) for the enforcement of the LOA requirement?

YES NO

If YES, what is the list of Authentication Context URIs that indicate LOA2 and LOA3?

6. Does the Agency issue PIV or CAC compliant credentials to the Employees and Contractors that will be logging in to eAuth protected applications?

YES NO

If YES, what is the issuer DN of the CA that is issuing the leaf certificates?

OU = ENTRUST MANAGED SERVICES SSP CA  
OU = CERTIFICATION AUTHORITIES  
O = ENTRUST  
C = US

If NO, does the Agency have an alternative solution for multi-factor authentication? If so, please provide details:

7. Do all employees and contractors have a common email domain (example, @usda.gov) that could be used to identify users within the Agency?

YES NO

If YES, please provide a list of email domains in use by the agency:

**NOTE:** CUAT environment testing is REQUIRED before migration to production.  
The federation service includes the following NFC Federated applications:

- Employee Personal Page (EPP)
- NFC Reporting Center (RPCT)
- SecureALL (SALL)
- GovTA – as applicable
- Paycheck8 – as applicable
- EmpowHR – as applicable
- ServiceNow

**SECTION M – SECURE FILE TRANSFER PROTOCOL (SFTP)****Do NOT submit a request without all information below. NFC will not consider your submission unless all questions are completed.**

1. NFC uses Secure Shell (SSH) protocol for server authentication, and Pretty Good Privacy (PGP) for data encryption.

Are you requesting a new key? Please note this must be done BEFORE your current key expires.

YES NO

If YES, do NOT submit an SCR. An Agency Security Officer (ASO) must provide NFC with the new key prior to the expiration date by submitting an [AD-3100](#) form via ServiceNow (select Request Items to submit a request) to exchange security keys and prevent file transfer delays. The form should contain the NFC account name and purpose for the request, and the PGP and SSH keys must be attached to the ServiceNow ticket.

2. Is this a transmission request?

YES NO

If YES, you must also submit an [AD-3113 \(File Transmission Request\)](#) along with this form by attaching it to this submission as a PDF file. Your request will be rejected without this complete attachment.For an overview of the file transmission request process, please access this document: [Initiating a File Transfer](#).

3a. Is this a request for an IP change?

YES NO

3b. What IP is changing?

3c. What is the location of the NEW IP address?

4a. Does the requesting agency have existing connectivity to NFC's SFTP server?

If NO, an Interconnection Security Agreement must be completed (see 3b and 3c).  
If YES, skip to question 5.

YES NO

4b. What is the IP address of the requesting agency's SFTP server?

4c. Please attach an architecture diagram of the requesting agency's SFTP server as a PDF.

I ATTEST THAT THE ARCHITECTURE DIAGRAM HAS BEEN ATTACHED TO THIS SCR SUBMISSION.

5. Is this request to copy changes from a known previous project with a sub-agency to another sub-agency?

YES NO

IF YES, PROVIDE THE NAME THE PREVIOUS SUB-AGENCY: \_\_\_\_\_

NFC-ASSIGNED PROJECT NUMBER FROM SERVICENOW: \_\_\_\_\_

**NOTES:**

- Files transferred via SFTP are available for pickup on the NFC server for a maximum of 24 hours. Files not retrieved within the 24-hour time frame will be re-transmitted only after submission of a ticket via ServiceNow®. Please Note: Repeated requests to re-transmit the same files may incur a cost.
- Time and Attendance (T&A) files and Front-End System Interface (FESI) files may be transmitted via SFTP Monday through Friday between the hours of 7:00 a.m. and 7:00 p.m., central time (CT). T&A and FESI files should not be transmitted to NFC via SFTP during weekends due to conflicts with maintenance activities and deletion of files after 24 hours.
- Transfer status notifications are provided with each file transfer via email from NFCNOTIFY@usda.gov. Agencies should whitelist this email address, monitor these notifications and report any error messages, failed transfers, or data issues to NFC by calling the NFC Contact Center at 1-855-632-4468 between the hours of 6:30 a.m. and 5:00 p.m. CT, Monday through Friday, except Federal holidays, or by submitting an incident ticket via ServiceNow®. The ticket should contain details from the transfer notification and other information, such as associated project number, file name(s), job name(s), date(s), etc.
- Customers may opt to include the date and/or time within the destination file name if there is a possibility that files will be overwritten before they are retrieved. Alternatively, customers may opt to have files transferred directly to their SFTP server instead of retrieving them from the NFC server.
- Finally, please include the NFC-assigned project number on all correspondence related to your project.

**SECTION N – REPORTING CENTER****Do NOT submit a request without all information below. NFC will not consider your submission unless all questions are completed.**

1. Is this request to change an EXISTING report, or a request for a NEW report?

EXISTING REPORT NEW REPORT REQUEST

2. If this is a change to an EXISTING report, what is the name of the report? Please be sure to use the REAL / FULL report name, found in the menu on the left-hand side of the Reporting Center. \_\_\_\_\_

3. Who will need access to the report? Will it be shared across your entire organization, or only with some individuals?

ENTIRE ORGANIZATION SPECIFIC INDIVIDUALS

IF YES, PLEASE DESCRIBE GROUP, LISTING SPECIFIC CONTACTS IF APPLICABLE

4. Attach an Excel file with your preferred report format including prompts, filters, columns, etc. This is MANDATORY. Your request will be rejected unless this is included.

I HAVE ATTACHED AN EXCEL FILE WITH MY PREFERRED FILE FORMAT.

# Software Change Request Process

Revised February 2026

1. Authorized Submitters submit Change Requests via ServiceNow for processing. An AD-3003 Software Change Request (SCR) Form is required for external customer-specific application change requests.

Some changes do not require an AD-3003, Software Change Request (SCR) form. Some examples include but are not limited to internal requests, annual/recurring projects, mandated - community-wide projects, regulatory changes, fixes for problems identified by audits, vulnerability scans, penetration tests, etc., and when an IR is converted to a project.

2. If information provided is sufficient and complete, the Project Control Office (PCO) logs request into the tracking system and establishes a project folder. The tracking system automatically generates an email acknowledging receipt of the request and provides the requestor/Authorized Submitter the project number.
3. The request is assigned to the Requirements Branches for evaluation. The project will be reviewed to determine if it will be accepted or rejected by the National Finance Center (NFC) Configuration Control Board Approval Council (CCBAC). Projects will be evaluated based on technical feasibility, criticality, and NFC resources available. In either case, a system-generated notice will be issued to the requesting agency.
4. System/Web Requirements Branches (SRB/WRB) review technical requests, assesses overall potential impacts, determines initial level of effort (LOE), Phase completion option, and assigns estimated Functional Requirements Document (FRD) Due Date if applicable. **Please Note:** FRD/requirements and development/implementation will be handled separately, with distinct costs and timelines based on available resources. As a result, they may be completed in different fiscal years.
  - If funding is not required (i.e., Community wide project) project is reviewed and placed in queue for development and implementation.
  - Rough Order of Magnitude (ROM) requests are reviewed by SRB/WRB to determine LOE estimate, and estimated cost is provided to customer.
  - If funding is required, SRB/WRB requests Initial Interagency Agreement (IIAA) and PCO IAA Coordinator provides IAA LOE cost estimate to Financial Management Office (FMO).
  - Funding request amounts for IIAs will be based upon the ability of NFC Requirements Branches to develop requirements for a designated project within the current Fiscal Year. If the Requirements Phase spans multiple Fiscal Years (FY), NFC will create a new funding document for the remaining Fiscal Year(s).
5. FMO issues IIAA to customer, which will fund the Requirements Phase (FRD development).
6. Customer returns signed IIAA (required prior to any work commencing). Requirements development begins once an approved IIA is received by NFC. Failure to return the signed and dated IIAA within 30 days may result in the de-prioritization of your project.
7. FMO provides charge codes to Government Employees Services Division (GESD).
8. SRB/WRB prepares FRD for review and obtains approval from applicable Development areas when applicable.
9. SRB/WRB provides the approved FRD to Client Management Branch (CMB) for distribution to the customer.
10. Customer returns signed FRD within 30 days with indication that the agency will/will not participate in Customer User Acceptance Testing.

11. National Finance Center (NFC) completes level of effort (LOE) estimates for the final IAA and determines Phase completion option. The final IAA will fund any remaining work to complete the project.
12. PCO sends intermediate/final IAA package to FMO.
13. FMO prepares IAA/IAA Mod and forwards to customer.
14. Customer returns signed IAA within 30 days (required for Development work to commence and project to be scheduled for implementation). Projects can only be worked or scheduled for development after funding has been established via a signed IAA. Failure to return the signed and dated IAA within 30 days may result in the de-prioritization of your project. Please Note: FRD/requirements and development/implementation will be handled separately, with distinct costs and timelines based on available resources. As a result, they may be completed in different fiscal years.
15. PCO presents eligible projects to Configuration Control Board (CCB) for scheduling following receipt of FRD and final IAA signed by customer.
16. During the Ready to Schedule (RTS) meeting, NFC schedules new projects to determine which release (PP06, PP13, PP19) or pay period when it will be implemented, and reviews scheduled project status.
17. NFC completes development work (Phase 2), allows two pay periods for Quality Acceptance Testing (QAT) (Phase 3), and two pay periods for Customer User Acceptance Testing (CUAT)/Implementation (Phase 4) to validate/ implement change.
18. On June 1st all funded projects will be reviewed for Phase completion status in current FY. Those that cannot be fully implemented prior to PP19 or End of Fiscal Year (EOFY) will have remaining Phases deferred until the following FY. Any remaining IAA funds are returned to customer for de-obligations.
19. Deferred projects will have a new interim or full IAA requested (depending on the current project phase) once EOFY has passed and new FY funding is available.
20. Changes that can be implemented prior to EOFY are migrated to production upon approval.
21. Following implementation PCO closes SCR in tracking system two pay periods after implementation following verification that all tasks are closed.

**- Note -**

PCO Project Review Team reports status issued to customers monthly