**E2 USER REQUEST FORM**

**Privacy Act (e)(3) Statement**

**Authority:**  5 U.S.C. 301, Departmental Regulations; 22 C.F.R 71.1; 5 U.S.C. Ch. 57, Travel, Transportation, and Subsistence; 22 U.S.C. Ch. 32, Foreign Assistance, Subchapter I, International Development; and 22 U.S.C. § 4081, Travel and Related Expenses.

**Purpose:** To manage the official database of USAID direct-hires, Personal Services Contractors (PSCs), consultants and personnel from other government agencies on detail to USAID who are eligible for travel through the E2 Travel Program.

**Routine Uses:**The personal information requested on this form will be used by USAID management personnel and travel officers to determine eligibility for travel through the E2 Travel Program. Pursuant to Privacy Act System of Records Notices USAID-19 and USAID-34, USAID will share this information only with government agencies that have the statutory and lawful authority to maintain such information.

**Disclosure:**  Disclosure of your personal information is voluntary, but failure to do so may preclude U.S. Government officials or other designated representatives from providing the requested services. Please refer to ADS 522 for guidance.

**Note: To complete the exit clearance process, send an email to** [**E2helpdesk@usaid.gov**](mailto:E2helpdesk@usaid.gov)

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| **Type of Request:** | | | | | | |
| **USER INFORMATION** | | | | | | |
| **First Name:** | | **Middle Initial:** | | **Last Name:** | | **Primary Email Address:** |
| **Bureau:** | | **Mission:** | | **Office/Division:** | | **Office Phone #:** |
| **Have you completed the E2i Creating Travel Documents Workshop?**  **Yes, (please attach your certificate of completion with this application)**  **NO**, please go to USAID University and register for the next available workshop. | | | | | | |
| **SECTION A - NEW ACCOUNT**  **If this is a Change Request, skip this section and proceed to Section B**  **If this is a Reactivation Request, skip this section and proceed to Section C** | | | | | | |
| **User Type (select all that apply):**  **Traveler**  **Arranger**  **Approver**  **Invitational Traveler** | | | | **Note: If Approver is selected, provide a brief description of approval duties here:** | | |
| **Privilege:**  **System Administrator** | | | | **Provide the level of access: (Agency, Org, Major or Minor)** | | |
| **Select One:**  **User has or will be issued Travel Charge Card and may/may not have a personal credit card.**  **User will not be using a Travel Charge Card or a personal credit card.** | | | | | | |
| **Enter Phoenix Vendor Code – see instructions on page 2 if travel for USAID is not required:** | | | | | | |
| **SECTION B – CHANGE REQUEST** | | | | | | |
| **E2 Username: (Provide E2 username(s) used for each E2 account the user might have)** | | | | | | |
| **Organization Change:**  **Move from:**       **Move to:** | | | | **Have ALL travel vouchers been processed?** | | |
| **Create New Office \*** | **Office Name:** | | | **\*Please complete form AID 522-6A - E2 Change Request** | | |
| **SECTION C - REACTIVATION REQUEST** | | | | | | |
| **Reactivate from/to (MM-DD-YYYY):** | | | | | | |
| **Justification: (Use separate sheet if necessary)** | | | | | | |
| **Requested by: (Print name)** | | | **Signature:** | | **Date: (MM-DD-YYYY)** | |
| **Supervisor: (Print name)** | | | **Signature:** | | **Date: (MM-DD-YYYY)** | |
| **Approval M/MS/TTD:** | | | | | | |
| This section is to be completed by E2 Helpdesk personnel only | | | | | | |
| Date Request Rec’d: (MM-DD-YYYY) | | | Analyst Assigned to Request: | | Date Request Completed: (MM-DD-YYYY) | |

Note: Washington Users: Forward to [e2helpdesk@usaid.gov](mailto:e2helpdesk@usaid.gov) Mission Users: Forward to EXO Office

**INSTRUCTIONS FOR COMPLETING THE E2 USER REQUEST FORM**

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| **REQUEST INFORMATION**  **Select type of action/request you are submitting. Select only one. After completing the Basic User Information section, continue with the section of the form that corresponds to the E2 User action/request desired.**  **Note: To complete the exit clearance process, send an email to E2helpdesk@usaid.gov.** |

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| **BASIC USER INFORMATION**  **This section is used to gather personal and organizational information about the user. Complete in its entirety.**  **First Name – self-explanatory.**  **Middle Initial – self-explanatory.**  **Last Name - self-explanatory.**  **Primary email Address – enter work email address**  **Bureau – self-explanatory.**  **Mission – self-explanatory.**  **Office – self-explanatory.**  **Division – self-explanatory.**  ***Note: Before a traveler can gain access to E2 Solutions, he/she must complete the E2i Creating Travel Documents workshop. After the workshop has been completed, the traveler must fill out form AID 522-6, E2 User Request Form and attached certificate of completion with the application. (ADS 522.3.25)*** |

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| **SECTION A – NEW ACCOUNT** |
| **Select the user function you are to perform in E2. (Select all that apply)**  **Traveler –**  **Approver –**  **Arranger –**  **System Administrator -**  **SA *– If you check this box, please provide the level of access.*** |
| **TRAVEL CHARGE** |
| **Make only one selection from the options provided in this section. Information on the use of Agency Sponsored Travel Card is available at** [**https://pages.usaid.gov/M/CFO/agency-sponsored-travel-card**](https://pages.usaid.gov/M/CFO/agency-sponsored-travel-card)**.** |
| **Enter Phoenix Vendor Code- self-explanatory (see instructions on page 2 if travel for USAID is not required).** |
| **SECTION B – CHANGE REQUEST** |
| **Enter the E2 Username(s) used by the E2 user for each E2 account that the user might have.** |
| **Organization Change – enter the code for the organization the user is leaving and the code for the organization in which the user is moving.** |
| **Have all travel vouchers been processed? Select yes or no as appropriate.** |
| **Actions/Remarks – enter supporting or clarifying information on any of the change request fields.** |
| **Create New Office – Check this box only if you need a new routing setup. Attach a sheet listing all the pertinent information for setup (Office Name, Approval pool name, Primary approver, Alternate Approvers).** |
| **SECTION C – REACTIVATION REQUEST** |
| **Enter to and from date(s) to have the user account activated.** |
| **Explain why this users account needs to be reactivated and the purpose for doing so.** |

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| **COMPLETING ORGANIZATION** |
| **Date Request Received – enter the date the form is received.** |
| **Analyst Assigned to Request – enter the full name of the person who is assigned the action.** |
| **Date Request Completed – enter the date the request is closed.** |

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