

# ePlan User Access Form for Charter Schools

Tennessee's Electronic Planning and Grants Management System

**Instructions:** Fill out user information, check role(s), obtain required signatures, and email to: [ePlan.Help@tn.gov](mailto:ePlan.Help@tn.gov). **Copy all users who sign the form when submitting.** Be clear on your form for which Charter Schools the role(s) are requested. If there is more than one charter, include the name and ID for each one.

**User's Name:** \_\_\_\_\_

**ePlan User ID Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*Charter Name: Example Charter Academy ID: \* 123-1234*      **Charter Name:** \_\_\_\_\_ **ID: \*** \_\_\_\_\_

**Charter Name:** \_\_\_\_\_ **ID: \*** \_\_\_\_\_      **Charter Name:** \_\_\_\_\_ **ID: \*** \_\_\_\_\_

**Charter Name:** \_\_\_\_\_ **ID: \*** \_\_\_\_\_      **Charter Name:** \_\_\_\_\_ **ID: \*** \_\_\_\_\_

**Charter Name:** \_\_\_\_\_ **ID: \*** \_\_\_\_\_      **Charter Name:** \_\_\_\_\_ **ID: \*** \_\_\_\_\_

**Charter Name:** \_\_\_\_\_ **ID: \*** \_\_\_\_\_      **Charter Name:** \_\_\_\_\_ **ID: \*** \_\_\_\_\_

**Charter Name:** \_\_\_\_\_ **ID: \*** \_\_\_\_\_      **Charter Name:** \_\_\_\_\_ **ID: \*** \_\_\_\_\_

**\* Please include the three-digit District ID Number in front of the Charter School ID Number**

Charter ID numbers can be found at <https://k-12.education.tn.gov/sde/>

Funding Application (App) and/or Grant Director Roles	
<input type="checkbox"/>	Academic Special Courses Director
<input type="checkbox"/>	Charter Schools Facilities Cohort (23, 24, 25): edit & submit app
<input type="checkbox"/>	Charter Schools Grant Cohort Director (24, 25): edit & submit app
<input type="checkbox"/>	CTE Special Course and Special Program
<input type="checkbox"/>	Innovative School Model Grant Director
<input type="checkbox"/>	Parental Leave Director
<input type="checkbox"/>	Physical Activity Compliance Director
<input type="checkbox"/>	Public School Security Grant Director
<input type="checkbox"/>	Safe Schools Director
<input type="checkbox"/>	Special Course and Special Program of Study
<input type="checkbox"/>	Restore all roles
<input type="checkbox"/>	Other: _____

Fiscal, View, & Approve Roles	
<input type="checkbox"/>	Data View Only: <i>view all ePlan components, but not edit</i>
<input type="checkbox"/>	Fiscal Update* (Bookkeeper): <i>request reimbursements from any funding app (CFO approval required for this role)</i>
<input type="checkbox"/>	Fiscal Representative/Parental Leave Director (CFO/Finance Director): <i>fiscal approve funding app.; submit</i>
<input type="checkbox"/>	Authorized Representative/ePlan Audit Director: <i>final approve any funding app. &amp; monitoring document (Only Director of Schools, Executive Director, or Founder may</i>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

If replacing another user, provide name(s) of previous user(s). \_\_\_\_\_

Remove all access     Remove access selected above *only*.

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New User Signature

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Supervisor's Signature

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New User Title

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Supervisor's Title

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Date

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Date

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CFO Signature \*Required for Fiscal Update users

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Director of Schools, Executive Director, or Founder Signature

***Note: In order to complete a funding application each charter must have users with the respective Application Director role, Fiscal Representative role, and Authorized Representative role.***