ePlan User Access Form for State Employees
Tennessee's Electronic Planning and Grants Management System

Instructions: Fill out user information and role(s) information, obtain required signatures, & email to: ePlan.Help@tn.gov. Use page 2 to request the same roles for multiple team members. **Users must copy the signing supervisor on the email when submitting this form.**

NAME: _____ **OFFICE/DIVISION:** _____

EMAIL (ePlan USER ID): _____ **PHONE:** _____ **DATE:** _____

✓	Statewide **VIEW ONLY** access (*Each user will be automatically assigned the Statewide View Only role.*)
☐	**Approve LEA PLANS** - (CORE Offices)

APPLICATION		REIMBURSEMENT	*ePlan User Access Roles*
INITIAL REVIEWER	FINAL APPROVER	PROJECT APPROVER	
Funding Application Roles (List below)			
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
Data and Information Roles (List below)			
☐	☐	N/A	
☐	☐	N/A	
☐	☐	N/A	
☐	☐	N/A	
☐	☐	N/A	
Monitoring Roles (List below)			
☐	☐	N/A	
☐	☐	N/A	
Other Roles (List below)			
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
Copy Roles from an Existing User?			*Name/Email of Previous User*
All ☐	Listed Above Only ☐		

NEW USER SIGNATURE _____ **SUPERVISOR'S SIGNATURE** _____

NEW USER TITLE _____ **SUPERVISOR'S TITLE** _____

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PHONE: _____

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