



Meritorious Advancement Program (MAP)

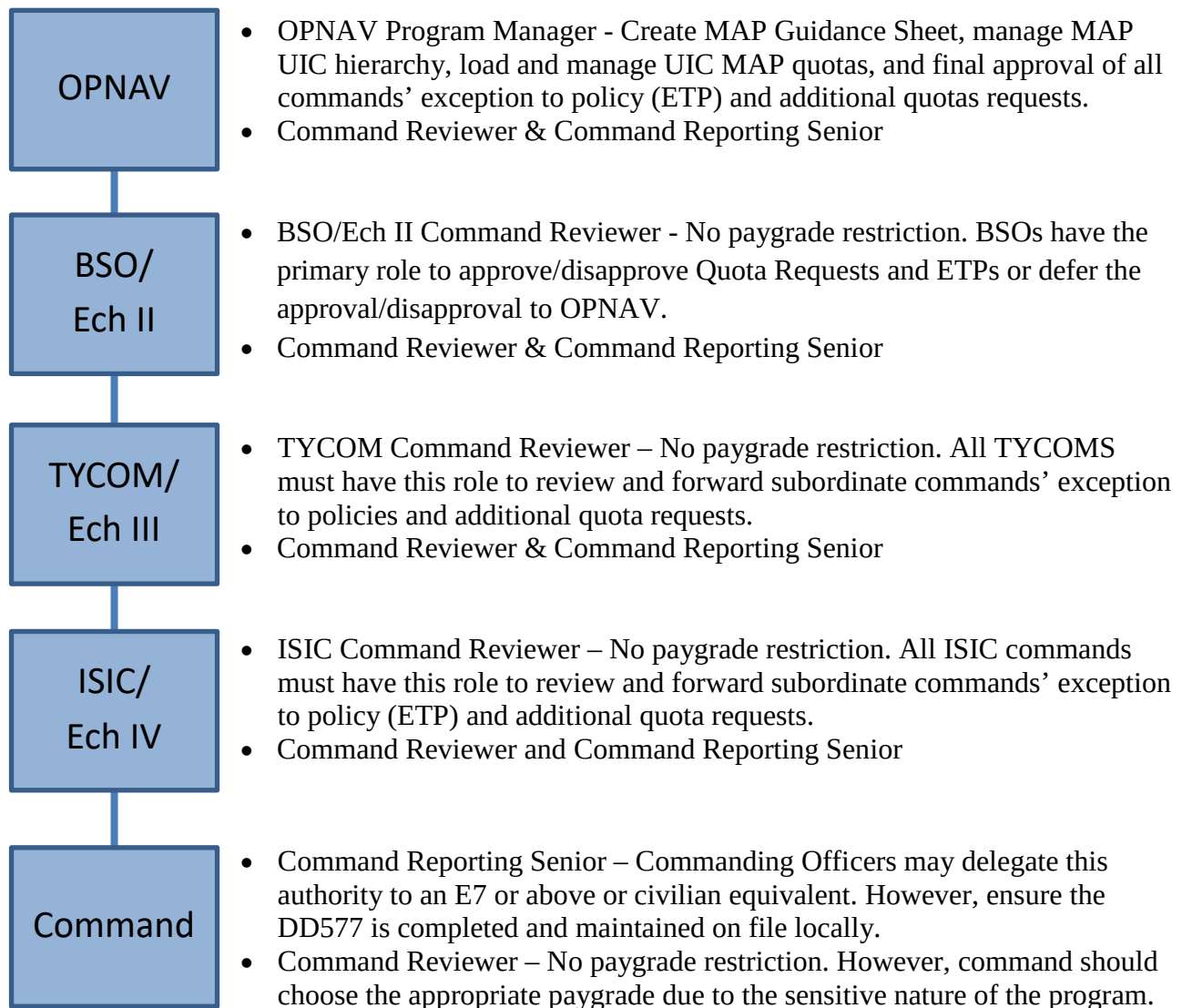


Smart Sheet

Issue No. 3 July 2019

NSIPS MAP User Roles

Every Command allocated MAP quotas must have at least one Command Reviewer and Command Reportings Senior (no limit on number of each at a command) to process and approve their local command quotas. These roles can also process and approve their subordinate command quotas if required (i.e. for subordinate commands without access to NSIPS).



MAP SMART SHEET No. 3

Establishing NSIPS MAP User Accounts

NOTE: Before establishing a MAP role in NSIPS, Annual IA Awareness Training must be completed (within the last year).

Step One – Complete SAAR-N

Before a MAP Reporting Senior or Command Reviewer role can be approved in NSIPS, a SAAR-N (OPNAV 5239/14 Rev 9/2011) must be completed and uploaded to NSIPS, if not previously uploaded.

- All highlighted areas shown in Figure 1 – Sample SAAR-N Page 1 and in Figure 2 – Sample SAAR-N Page 3 must be completed with the appropriate relevant information.
 - Block 11 will be specific to the User Role requested. For most users, these roles will be either Command Reporting Senior or Command Reviewer.
 - Note: Blocks 17, 17a and 17b should be left blank and not signed. The NSIPS Access Manager (NAM) at your PSD or the Super Functional Area Manager (FAM) signs blocks 17 through 17b as the Information Owner/Operator AFTER the SAAR-N has been uploaded.
- After completing the highlighted sections of Figures 1 and 2 on the SAAR-N PDF, sign the PDF electronically in Block 24 and forward the signed PDF to your Supervisor for his/her electronic signature in Block 16a.
- After your Supervisor has signed the form, forward the PDF to your Command Information Assurance Manager (IAM) to complete Blocks 18- 21 and to your Security Manager for completion of Part III and his/her signature in Block 29, as shown in Figure 2.
- After the Security Manager returns the signed completed PDF, the SAAR-N PDF can be uploaded to NSIPS.

Step Two – Complete DD Form 577 (Only required for Command Reporting Senior)

If applying for a MAP Command Reporting Senior role, the highlighted sections of a DD Form 577 (shown in Figure 3 – Sample DD Form 577) must be completed. The user will execute a DD form 577 and retain it on file locally at his/her command ready to be provided for audit.

MAP SMART SHEET No. 3

FOR OFFICIAL USE ONLY WHEN FILLED			
SYSTEM AUTHORIZATION ACCESS REQUEST NAVY (SAAR-N)			
AUTHORITY: Executive Order 10450, Public Management and Locator System. PRINCIPAL PURPOSE: To record user identification of Defense (DOD) systems and information. ROUTINE USES: The collection of data is used by Assurance Managers, and System Administrators. DISCLOSURE: Disclosure of this information to unauthorized personnel may impede, delay or prevent further processing of this request.		Department of Records Notice: NM0500-2 Program Access is requested to Department of Defense Office, Security Managers, Information Systems, and System Administrators.	
TYPE OF REQUEST: ☒ INITIAL ☐ MODIFICATION ☐ DEACTIVATE ☐ USER ID		DATE (DDMM/YYYY):	
SYSTEM NAME (Platform or Application): NSIPS		LOCATION (Physical Location of System): NORFOLK, VA	
PART I (To be completed by Requester)			
1. NAME (Last, First, Middle Initial):		2. ORGANIZATION:	
3. OFFICE SYMBOL/DEPARTMENT:		4. PHONE (DSN and Commercial): DSN: COM	
5. OFFICIAL E-MAIL ADDRESS:		6. JOB TITLE AND GRADE/RANK:	
7. OFFICIAL MAILING ADDRESS:		8. CITIZENSHIP: ☒ US ☐ FN ☐ LN ☐ Other	
9. DESIGNATION OF PERSON: ☒ MILITARY ☐ CIVILIAN ☐ CONTRACTOR			
10. INFORMATION ASSURANCE (IA) AWARENESS TRAINING REQUIREMENTS (Complete as required for user or functional level access.): ☒ I have completed Annual IA Awareness Training. DATE (DDMM/YYYY): ENTER DATE IA AWARENESS COMPLETED			
PART II - ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR (If an individual is a contractor - provide company name, contract number, and date of contract expiration in Block 14a).			
11. JUSTIFICATION FOR ACCESS: Respectfully request access to NSIPS MAP Automated System as the (Command, ISIC, TYCOM, or BSO/ECH ID) (Command Reporting Senior or Command Reviewer).			
12. TYPE OF ACCESS REQUIRED: ☒ AUTHORIZED ☐ PRIVILEGED		12a. If Block 12 is checked "Privileged", user must sign a Privileged Access Agreement Form.	
13. USER REQUIRES ACCESS TO: ☒ UNCLASSIFIED ☐ CLASSIFIED (Specify Category): ☐ OTHER:		DATE SIGNED (DDMM/YYYY):	
14. VERIFICATION OF NEED TO KNOW: I certify that this user requires access as requested. ☒		14a. ACCESS EXPIRATION DATE (Contractors must specify Company Name, Contract Number, Expiration Date):	
15. SUPERVISOR'S ORGANIZATION/DEPARTMENT:		15a. SUPERVISOR'S E-MAIL ADDRESS:	
16. SUPERVISOR'S NAME (Print Name):		16a. SUPERVISOR'S SIGNATURE:	
17. SIGNATURE OF INFORMATION OWNER/OPR:		17a. PHONE NUMBER:	
18. SIGNATURE OF IAM OR APPOINTEE:		19. ORGANIZATION/DEPARTMENT:	
20. PHONE NUMBER:		21. DATE (DDMM/YYYY):	

OPNAV 5239/14 (Rev 9/2011)
REPLACES (Rev 7/2008), WHICH IS OBSOLETE

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Page 1 of 4

Figure 1 – Sample SAAR-N Page 1

MAP SMART SHEET No. 3

FOR OFFICIAL USE ONLY WHEN FILLED			
(Block 22 Cont) I further understand that, when using Navy IT resources, I will not: - Auto-forward any e-mail from a Navy account to a non-Navy account. - Bypass, stress, or test IA or Computer Network Defenses. - Introduce or use unauthorized software, firmware, or hardware. - Relocate or change equipment or the network configuration without the written approval of the Local IA Authority. - Use personally owned hardware, software, shareware, or freeware. - Upload/download executable files (e.g., .exe, .com, .vbs, or .bat) onto Navy IT resources without the written approval of the Local IA Authority. - Participate in or contribute to any activity resulting in a disruption or denial of service. - Write, code, compile, store, transmit, transfer, or introduce malicious software, programs, or code. - Use Navy IT resources in a way that would reflect adversely on the Navy. Such uses include pornography, chain letters, unofficial advertising, soliciting or selling except on authorized bulletin boards established for such use, violation of statute or regulation, inappropriately handled classified information and PII, and other uses that are incompatible with public service. - Place data onto Navy IT resources possessing insufficient security controls to protect that data at the required classification (e.g., Secret onto Unclassified).			
23. NAME (Last, First, Middle Initial):	24. USER SIGNATURE:	25. DATE SIGNED (DDMMYYYY):	
PART III - SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OR CLEARANCE INFORMATION			
26. TYPE OF INVESTIGATION:		26a. DATE OF INVESTIGATION (DDMMYYYY):	
26b. CLEARANCE LEVEL:		26c. IT LEVEL DESIGNATION ☐ LEVEL I ☐ LEVEL II ☐ LEVEL III	
27. VERIFIED BY (Print name):	28. SECURITY MANAGER TELEPHONE NUMBER:	29. SECURITY MANAGER SIGNATURE:	30. DATE (DDMMYYYY):
PART IV - COMPLETION BY AUTHORIZED STAFF PREPARING ACCOUNT INFORMATION			
31. TITLE:	31a. SYSTEM:	31b. ACCOUNT CODE:	
	31c. DOMAIN:		
	31d. SERVER:		
	31e. APPLICATION:		
	31f. DATASETS:		
	31g. DIRECTORIES:		
	31h. FILES:		
32. DATE PROCESSED (DDMMYYYY):	32a. PROCESSED BY:	32b. DATE (DDMMYYYY):	
33. DATE REVALIDATED (DDMMYYYY):	33a. REVALIDATED BY:	33b. DATE (DDMMYYYY):	

OPNAV 5238/14 (Rev 9/2011)
 REPLACES (Rev 7/2008), WHICH IS OBSOLETE FOR OFFICIAL USE ONLY WHEN FILLED

Page 3 of 4

Figure 2 – Sample SAAR-N Page 3

MAP SMART SHEET No. 3

APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE		
<i>(Read Privacy Act Statement and Instructions before completing form.)</i>		
AUTHORITY: E.O. 9397, 31 U.S.C. Sections 3325 and 3326 PRINCIPAL PURPOSE(S): To maintain a record of and to identify the duties associated with this appointment. ROUTINE USE(S): The information on this form may be used by the Department of Defense (DoD) to the Federal Reserve Banks to verify authority of the appointed individuals to issue Treasury checks. In addition, other Federal, State and local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses published at: http://dpclo.defense.gov/Privacy/SORNIndex/BlanketRoutineUses.aspx. DISCLOSURE: Voluntary; however, failure to provide the requested information may preclude appointments.		
SECTION I - APPOINTEE		
1. NAME (First, Middle Initial, Last and Rank or Grade)	2. DoD ID NUMBER	3. TITLE
4. DOD COMPONENT/ORGANIZATION	5. ADDRESS (Include ZIP Code, email address, and telephone number with area code and DSN)	
6. POSITION TO WHICH APPOINTED (X appropriate box - one only. Checking more than one invalidates the appointment.) ☐ DISBURSING OFFICER: DSSN _____ ☐ DEPUTY DISBURSING OFFICER: DSSN _____ ☒ CERTIFYING OFFICER ☐ DEPARTMENTAL ACCOUNTABLE OFFICIAL		
☐ CASHIER ☐ PAYING AGENT ☐ COLLECTIONS AGENT ☐ DISBURSING AGENT		
☐ CHANGE FUND CUSTODIAN ☐ IMPREST FUND CASHIER ☐ SAFEKEEPING CUSTODIAN ☐ ASSISTANT SAFEKEEPING CUSTODIAN		
7. YOU ARE APPOINTED TO SERVE IN THE POSITION IDENTIFIED IN ITEM 6. YOUR RESPONSIBILITIES INCLUDE: To perform the duties and responsibilities of the Meritorious Advancement Program (MAP) Command Reporting Senior which include approving command authorized advancements in accordance with BUPERSINST 1430.16 chapter 10.		
8. REVIEW AND ADHERE TO THE FOLLOWING PUBLICATION(S) NEEDED TO ADEQUATELY PERFORM YOUR ASSIGNED DUTIES:		
SECTION II - APPOINTING AUTHORITY		
9. NAME (First, Middle Initial, Last)	10. TITLE	11. DOD COMPONENT/ORGANIZATION
12. DATE (YYYYMMDD)	13. SIGNATURE	
SECTION III - APPOINTEE ACKNOWLEDGEMENT		
I acknowledge and accept the position and responsibilities defined above. I understand that I am strictly liable to the United States for all public funds or payment certification, as appropriate, under my control. I have been counseled on my pecuniary liability applicable to this appointment and have been given written operating instructions. I certify that my official signature is shown in item 16 below.		
14. PRINTED NAME (First, Middle Initial, Last)	15. DATE (YYYYMMDD) (Not earlier than date in Item 12 or 13)	
16.a. DIGITAL SIGNATURE	16.b. MANUAL SIGNATURE	
SECTION IV - APPOINTMENT TERMINATION		
The appointment of the individual named above is hereby revoked.		
17. DATE (YYYYMMDD)	18. APPOINTEE INITIALS	
19. NAME OF APPOINTING AUTHORITY	20. TITLE	21. APPOINTING AUTHORITY SIGNATURE

DD FORM 577, NOV 2014 PREVIOUS EDITION IS OBSOLETE. Adobe Designer 9.0

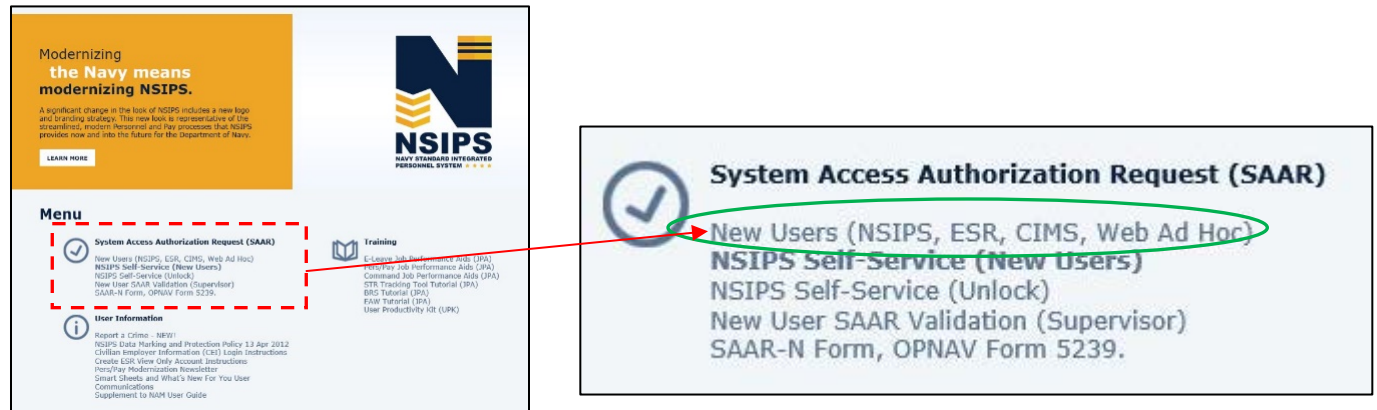
Figure 3 – Sample DD Form 577

MAP SMART SHEET No. 3

Step Three – Apply for MAP role in NSIPS

An online System Access Authorization Request (SAAR) form must be completed in NSIPS to establish a MAP role.

1. To begin the process, click on the New Users (NSIPS, CIMS, Web Ad Hoc) link under the System Access Authorization Request (SAAR) section on the NSIPS Homepage shown below.



2. Select Command Level Access

Please enter a Home Command. Next, select a SAAR Account Type and click the Submit button to initiate the SAAR Process.

Please fill in the Required Fields

Name *

Command UIC

Please Select a SAAR Account Type *

- ☐ (NSIPS)-Active Customer Commands/Pay and Personnel Office [DETAILS](#)
- ☐ (NSIPS)-Reserve Customer Commands/Pay and Personnel Office [DETAILS](#)
- ☐ (NSIPS)-Web Adhoc [DETAILS](#)
- ☐ (NSIPS)-NSIPS Access Manager (NAM) [DETAILS](#)
- ☐ (ANO)-Acceptance and Oath of Office [DETAILS](#)
- ☐ (NSW)-Naval Special Warfare [DETAILS](#)
- ☐ (NRMS)-Naval Retention Monitoring System [DETAILS](#)
- ☐ (ICMS)-Career Information Management System [DETAILS](#)
- ☐ Command Level Access [DETAILS](#)
- ☐ Corporate Level Access [DETAILS](#)
- ☐ (NSIPS)-Orders Request [DETAILS](#)
- ☐ (EDM)-Enhancement for Drill Management System [DETAILS](#)
- ☐ (REDIDA)-Record of Emergency Data/Dependency Application [DETAILS](#)
- ☐ Reserve Headquarters [DETAILS](#)
- ☐ Inactive Manpower and Personnel Management Information System [DETAILS](#)

(* Required)

NEXT CANCEL RESET

Register Existing Id

MAP Command Reviewer
MAP Reporting Senior
MAP ISIC Command Reviewer
MAP Echelon III Command Reviewer
MAP Echelon II Command Reviewer

OPNAV Program Manager

3. Select Command Role

Command Administrative Level

- ☐ Command Admin View Only [DETAILS](#)
- ☐ Command Admin Level Create [DETAILS](#)
- ☐ Command Admin Level Approve [DETAILS](#)
- ☐ Command Pay and Personnel Administrator (CPPA) [DETAILS](#)
- ☐ eLeave Command Administrator [DETAILS](#)
- ☐ eLeave Civilian Approver/Reviewer [DETAILS](#)
- ☐ Personnel Reliability Program Certifying Official [DETAILS](#)
- ☐ Personnel Reliability Program Monitor [DETAILS](#)
- ☐ Command Education Services Officer (ESO) - Active [DETAILS](#)
- ☐ Command Education Services Officer (ESO) - Reserve [DETAILS](#)
- ☐ EAW Command Reviewer [DETAILS](#)
- ☐ Command Level Access Manager [DETAILS](#)
- ☐ Command Civilian [DETAILS](#)
- ☐ STR Command User [DETAILS](#)
- ☐ MAP Command Reviewer [DETAILS](#)
- ☐ MAP Reporting Senior [DETAILS](#)
- ☐ MAP ISIC Command Reviewer [DETAILS](#)
- ☐ MAP Echelon III Command Reviewer [DETAILS](#)
- ☐ MAP Echelon II Command Reviewer [DETAILS](#)

Approved by PSD NAM

Approved by NSIPS Super FAM

OK Cancel

MAP SMART SHEET No. 3

4. Enter all required personal data, upload the completed SAAR-N pdf and submit.

The screenshot shows the NSIPS On-line SAAR Process form. The form is divided into several sections:
1. **Operator Attributes**: Includes fields for User ID, Name, Department, Rank/Rate, Account Type (Military), Telephone, and Email Address (Official Email Address).
2. **Security Information**: Includes a note that security information can be found on the SAAR-N form, IA Awareness Training Date (Cyber Awareness Challenge), Clearance Investigation Date (05/24/2011), and Access Expiration Date (02/01/2020).
3. **Special Categories**: Includes checkboxes for Access to PRA Sensitive Records and Reports Administrator.
4. **UIC Access**: Includes a section for UIC Access.
5. **Supervisor Details - SAAR Form**: Includes fields for Name (Last, First Middle), Email ID (Official Email Address), and Contact Phone.
6. **Buttons**: A 'Submit Account' button and a 'Reset' button are at the bottom. A 'Justification' button and an 'Upload SAAR-N Form' button are at the top right.
7. **Modal Window**: A red arrow points from the 'Upload SAAR-N Form' button to a modal window titled 'Attach Completed Official SAAR-N Form File (OPNAV 5239/14)'. The modal window has a 'Browse...' button and 'Upload' and 'Cancel' buttons.
8. **Text**: A note states: 'A valid SAAR-N form (OPNAV Form 5239/14) must be uploaded and verified/reviewed before account submission. Completed SAAR-N forms are considered valid only if they are the official PDF forms with blocks 10, 16a, 16, 24, and 26 filled, but without the Information Owner signature (Block 17). SAAR-N Form File (OPNAV Form 5239/14)'.

Further details of the NSIPS On-line SAAR Process including Supervisor Validation of SAAR-N can be found in the WNFY NSIPS SAAR Process – Issue 2 June 2019. This can be accessed via the NSIPS Smart Sheets and What’s New For You User Communications link located in the NSIPS Homepage User Information section.

For additional information or assistance in the following areas, contact:

- **MAP System** – NSIPS Help Desk: Toll Free 877-589-599, Comm 504-697-5442, DSN 312-647-5442, NSIPSHelpDesk@navy.mil
- **MAP Policy** – OPNAV N132: 703-604-4716, ALTN_MAP@navy.mil
- **MAP Process** – MNCC: 1-833-330-MNCC (1-833-330-6622), ASKMNCC@navy.mil

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