

Network Access Request Form

Employee or Contractor Request for Network Access

EMPLOYEE/CONTRACTOR INFORMATION		
<input type="checkbox"/> New Employee <input type="checkbox"/> New Contract <input type="checkbox"/> Existing User		Today's Date:
<input type="checkbox"/> Temporary		
First Name:	Last Name:	*MI:
Position:	Department:	Supervisor:
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Start date or requested due date: Temporary or Contractor end date, if known:	
SECURITY & EMAIL		
New Account: <input type="checkbox"/> Network Account <input type="checkbox"/> Email <input type="checkbox"/> Security/Email similar to what existing user:		
<input type="checkbox"/> Include in which Email Group(s):	<input type="checkbox"/> Remove from which Email Group(s):	
<input type="checkbox"/> Include in which Security Group(s):	<input type="checkbox"/> Remove from which Security Group(s):	
<input type="checkbox"/> Permit access to the following network location(s):		
Drive	Path	Access: <input type="checkbox"/> Read-only <input type="checkbox"/> Read/write <input type="checkbox"/> Full Access <input type="checkbox"/> Remove Access
Drive	Path	Access: <input type="checkbox"/> Read-only <input type="checkbox"/> Read/write <input type="checkbox"/> Full Access <input type="checkbox"/> Remove Access
Drive	Path	Access: <input type="checkbox"/> Read-only <input type="checkbox"/> Read/write <input type="checkbox"/> Full Access <input type="checkbox"/> Remove Access
<input type="checkbox"/> Miscellaneous Needs (Enter any other requests):		
EHR ACCESS		
<input type="checkbox"/> EHR Account		
Roles & Access:		
<input type="checkbox"/> Front Office	Access:	<input type="checkbox"/> Read-only <input type="checkbox"/> Read/write <input type="checkbox"/> Full Access <input type="checkbox"/> Remove Access
<input type="checkbox"/> Clinician Access	Access:	<input type="checkbox"/> Read-only <input type="checkbox"/> Read/write <input type="checkbox"/> Full Access <input type="checkbox"/> Remove Access
<input type="checkbox"/> Physician	Access:	<input type="checkbox"/> Read-only <input type="checkbox"/> Read/write <input type="checkbox"/> Full Access <input type="checkbox"/> Remove Access
<input type="checkbox"/> Dentist/Hygienist	Access:	<input type="checkbox"/> Read-only <input type="checkbox"/> Read/write <input type="checkbox"/> Full Access <input type="checkbox"/> Remove Access
<input type="checkbox"/> Dental assistant/support	Access:	<input type="checkbox"/> Read-only <input type="checkbox"/> Read/write <input type="checkbox"/> Full Access <input type="checkbox"/> Remove Access
<input type="checkbox"/> Accounting	Access:	<input type="checkbox"/> Read-only <input type="checkbox"/> Read/write <input type="checkbox"/> Full Access <input type="checkbox"/> Remove Access
<input type="checkbox"/> Records Management	Access:	<input type="checkbox"/> Read-only <input type="checkbox"/> Read/write <input type="checkbox"/> Full Access <input type="checkbox"/> Remove Access
<input type="checkbox"/> Reporting	Access:	<input type="checkbox"/> Read-only <input type="checkbox"/> Read/write <input type="checkbox"/> Full Access <input type="checkbox"/> Remove Access
<input type="checkbox"/> Administrator	Access:	<input type="checkbox"/> Read-only <input type="checkbox"/> Read/write <input type="checkbox"/> Full Access <input type="checkbox"/> Remove Access
<input type="checkbox"/> Other: Specify	Access:	<input type="checkbox"/> Read-only <input type="checkbox"/> Read/write <input type="checkbox"/> Full Access <input type="checkbox"/> Remove Access
<input type="checkbox"/> Miscellaneous Needs (Enter any other requests):		
Hardware:		
<input type="checkbox"/> Laptop	<input type="checkbox"/> Desktop	<input type="checkbox"/> Either Laptop or Desktop
<input type="checkbox"/> Screen protector	<input type="checkbox"/> Laptop bag	<input type="checkbox"/> Cable lock
<input type="checkbox"/> Multifunction printer	<input type="checkbox"/> Net gear router	<input type="checkbox"/> Numeric keypad
<input type="checkbox"/> Standard inkjet printer	<input type="checkbox"/> Dual monitors	<input type="checkbox"/> Docking station
<input type="checkbox"/> iPhone	<input type="checkbox"/> iPad	<input type="checkbox"/> Windows Mobile Device

