Network Access Request Form

Employee or Contractor Request for Network Access

| EMPLOYEE/CONTRACTOR INFORMATION | | | |
|---|---|--|--|
| ■ New Employee ■ New Contract ■ Existing I | Jser Today's Date: | | |
| ☐ Temporary | | | |
| First Name: Last Name | me: *MI: | | |
| | | | |
| Position: | Department: | | |
| | Supervisor: | | |
| ☐ Full-time ☐ Part-time | Start date or requested due date: | | |
| | Temporary or Contractor end date, if known: | | |
| SECURITY & EMAIL | | | |
| New Account: | | | |
| | □ Network Account □ Email | | |
| Security/Email similar to what existing user: | | | |
| Include in which Email Croup(a): | Demove from which Email Croup(s): | | |
| ☐ Include in which Email Group(s): ☐ Remove from which Email Group(s): ☐ Remove from which Security Group(s): | | | |
| Include in which decantly Group(3). | Tremove from which decantly Group(3). | | |
| Permit access to the following network location(s): | | | |
| Drive Path Access: ☐ | Read-only Read/write Full Access Remove Access | | |
| Drive Path Access: | Read-only Read/write Full Access Remove Access | | |
| Drive Path Access: ☐ | Read-only Read/write Full Access Remove Access | | |
| | | | |
| ☐ Miscellaneous Needs (Enter any other reques | ts): | | |
| FUD ACCEON | | | |
| EHR ACCESS | | | |
| ☐ EHR Account | | | |
| Roles & Access: | | | |
| | ead-only 🔲 Read/write 🔲 Full Access 🔲 Remove Access | | |
| | ead-only Read/write Full Access Remove Access | | |
| | ead-only Read/write Full Access Remove Access | | |
| | ead-only 🔲 Read/write 🔲 Full Access 🔲 Remove Access | | |
| | ead-only 🔲 Read/write 🔲 Full Access 🔲 Remove Access | | |
| | ead-only 🔲 Read/write 🔲 Full Access 🔲 Remove Access | | |
| | ead-only Read/write Full Access Remove Access | | |
| ☐ Reporting Access: ☐ R | ead-only 🔲 Read/write 🔲 Full Access 🔲 Remove Access | | |
| ☐ Administrator Access: ☐ R | ead-only 🔲 Read/write 🔲 Full Access 🔲 Remove Access | | |
| Other: Specify Access: R | ead-only 🔲 Read/write 🔲 Full Access 🔲 Remove Access | | |
| | | | |
| ☐ Miscellaneous Needs (Enter any other requests): | | | |
| | | | |
| Handrian | | | |
| Hardware: | □ Fither Lenten or Deckton | | |
| Laptop Desktop | ☐ Either Laptop or Desktop☐ Cable lock | | |
| | | | |
| ☐ Multifunction printer☐ Standard inkjet printer☐ Dual monitor | <u> </u> | | |
| iPhone iPad | ☐ Docking station ☐Windows Mobile Device | | |
| | - Antigoma Mobile Device | | |
| | | | |
| | | | |

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| Software: Adobe Acrobat (full version) Microsoft Office Professional 2003 Microsoft Office Professional 2007 MS Project 2007 MS Visio 2007 MS OneNote 2007 Fax Server - Specify level of access: Miscellaneous Needs (Enter any other requests): TELEPHONE Telephone: | | | |
|---|--------------|------|--|
| ☐ Desk Phone ☐ Softphone (IP Communicator) ☐ Desk phone currently exist at location. Current extension is: Accessories: | | | |
| ☐ Wireless headset ☐ Wi | ired headset | | |
| CELL PHONE / AIR CARD | | | |
| ☐ Cell phone ☐ Air Card | | | |
| Accessories: Cell Phone Case/Holder Car Charger Miscellaneous Needs (Enter any other requests): | | | |
| BUILDING ACCESS | | | |
| Access Requested for the following location(s): Medical Records Room Server Room Lobby Other, Specify: | | | |
| Additional Access Restriction: After-Hours Access, Specify Hours: Other Restrictions (be specific): | | | |
| SPECIAL INSTRUCTIONS | | | |
| Manager Checklist/Reminder: - Signature below can be of the Department Head or the Data Owner if new network access is requested. - Ensure employee badge is requested. - Schedule new employee orientation, if applicable - Ensure name appears on any appropriate sign-in/out sheets. - Remember to have all new employees/contractors read and sign appropriate forms, i.e., Confidentiality Form (Appendix D) - Request appropriate training/background: - HR Background Investigation - Security Training - Any additional training and/or background check | | | |
| NAME | SIGNATURE | DATE | |
| Department Head (Print Name) | SIGNATURE | DATE | |
| Security Officer / Appropriate Authority | | | |