|  |
| --- |
| **RETURN COMPLETED FORM TO OIT –** [**help@chs-adphila.org**](mailto:help@chs-adphila.org) |

**Office of Information Technology**

**User Access Request Form**

**(New Users / Delete Users)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Today’s Date:*** |  | | | | | | |
| ***Requestor:*** |  | | | | | | |
| ***Phone:*** |  | ***IP Phone Extension (5 digit):*** |  |  |  |  |  |
| ***Division:*** | ARCH  CHCS  CSS  OIT NDS  OCD  SCS | | | | | | |
| ***Facility/Site:*** |  | | | | | | |
| ***Completion Date:*** |  | | | | | | |

**SELECT ONE ONLY PER FORM:**  **ADD NEW USER**  **DELETE EXISTING USER**

**Add New User Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***New User Name:*** |  | | | | | |
| ***New User Start Date:*** |  | | | | | |
| ***New User Title:*** |  | | | | | |
| ***Facility/Site:*** |  | | | | | |
| ***Office/Building/Campus/Etc:*** |  | | | | | |
| ***10 Digit Telephone #:*** |  | | | | | |
| ***IP Phone Extension (5 digit):*** |  |  |  |  |  |  |
| ***Supervisor/ Manager:*** |  | | | | | |
| ***Department (check one only):*** | ARCH  CHCS Exec/Fin  CSS Exec/Fin  Juvenile Justice  Health Care  Admin/Specialized Services  Developmental Programs  Parish Nursing  Community-Based Services  Youth Services  NDS  OCD  Housing/Homeless  OIT  SCS | | | | | |
| ***Person Replacing:*** |  | | | | | |
| ***Transfer Files From (Name):*** |  | | | | | |
| ***Access To: (check all that apply):*** | Network  Email  Groupwise  H: Drive  VPN/Dial-up  IP Phone Voice Mail  Remote Desktop  Harmony (CSS)  CareTracker (CHCS)  CareTracker (CSS Dev. Programs only)  Kronos  RH+ (CHCS)  AFW  Ceridian  HMIS (CSS/ARCH)  JEN-A-SYS  Solomon  Point Click Care (CHCS Only) **(additional form required)**  Point Of Care (CHCS Only) **(additional form required)**  Great Plains **(additional form required)**   Other (please specify): | | | | | |
| ***Add to Email Distribution List: (please list specialized email groups)*** |  | | | | | |
| ***Access similar to: (list name)*** |  | | | | | |

**Delete Existing User Information**

|  |  |
| --- | --- |
| **Please note that requests for users to be removed from the network will result in the following actions:**  1. The user account will be disabled  2. All email and files associated with the user will be deleted after 90 days unless otherwise instructed below  **If you would like to have email or files transferred to another employee, please note that on this request, otherwise see #2 above.** | |
| ***User’s name for deletion:*** |  |
| ***Termination Date:*** |  |
| ***Deletion Effective Date:*** |  |
| ***Delete all files?:*** | **Yes**  **No** |
| ***If no, Transfer files to:*** |  |
| ***Additional Special Instructions:*** |  |

**REQUIRED FOR ALL REQUESTS (request will not be processed until completed):**

|  |  |
| --- | --- |
| ***Approved by:*** |  |
| ***Title:*** |  |
| ***Telephone #:*** |  |