

NETWORK ACCESS REQUEST FORM

Please complete this form, in its entirety, and return to the address listed below. Failure to do so may result in delay of your request.

Mail To: Department of Mental Health

Chief Information Office Attn: Network Operations Unit 695 S. Vermont Ave., 7th FI. Los Angeles, CA 90005 (213) 351-1335

REQUEST TYPE Effective Date **Create New User Delete User** * Other **Data Access Account Extension** То From Name change Transfer *Other; if additional space is required, please attached a separate sheet including justification **EMPLOYEE STATUS Permanent Temporary Termination Date of Termination EMPLOYEE INFORMATION** Employee No./ Contract Staff ID. Last Name M.I. **First Name** Last 4 Digits of SSN Day of Birth Phone Number Facility / Bureau Name MHSA Address City Zip Code **CONTACT PERSON INFORMATION** Phone Number Contact Person **Bureau Name** Zip Code Address City **DATA ACCESS RESOURCES Check For** Folder/Mailbox Name: Resource Creation Security/Distribution Group (List user names only, provide additional sheet if more space is needed) Add Remove (Shared/Unit Folders) **Network Resource** Reviewer Editor Calendar **Public Folder Access Permissions** Modify Read **SIGNATURE** Signature of Division Chief Level or above Signer Print Name Date FOR C.I.O.B USE ONLY: User ID **HEAT Call Ticket Date Entered Date Received Network Technician** Remarks **Date Completed**