County of San Bernardino
Department of Public Health

Request for Systems Access

Instructions:

- An individual at the **Program Manager** level or above must authorize and sign this form.
- Check and input all appropriate fields. *Incomplete or unsigned forms will not be processed.*
- Sign form and route via Interoffice Mail (IT 0010) or fax (909.387.6744), Attn: Systems Request.
- Indicate the contact name and number below who should receive the confirmation of completion and be contacted for any questions.

☐ **Add New Account** ☐ **Delete Account*** ☐ **Change Account***

Effective Date: **Effective Time:**

* For deletes and changes, it is helpful to know if the employee is transferring to a different program or department or is leaving the County. Briefly explain in the comments below. Note: user data will be kept on file for six months from date of deletion.

Program Name:		Program Number:	
Employee Name & Classification:		Employee ID:	
Work Address & Zip Code:		Work Telephone:	
Contact Name:		Contact Telephone:	

☐ **Network Access** - Provides a domain account, network data storage, intranet access

Does an existing employee have the same level of access? Yes ☐ Existing Emp. ID:

☐ **Application/Database Access** - Access to specific DPH program applications

List databases and/or applications:

☐ **Email** Access**

☐ **Internet Access**

☐ **OWA** - Outlook Web Access (basic outside access to email via personal Internet service)

☐ **VPN**** - Virtual Private Network (full outside access to email, domain, storage, Inter/intranet)

*** System requires maintenance and/or set-up fees. Contact an IT analyst for details.*

For Email and/or Internet Access Only:

☐ Employee has been given the appropriate policies and has signed the Public Health Policy Acknowledgement Form. *Requests for these systems will not be processed unless checked*.

COMMENTS:	

Authorized Requestor's Name and Title:	
Phone Number:	
Signature:	
Date:	