DHS MAINFRAME ACCESS REQUEST FORM

Fax Completed Form To 538-3916

****** DCFS Employees: Also Fax Completed Form To The SAFE Help Desk 801-538-4510******

USER INFORMATION –

This section must be filled out completely—DO NOT leave any blank fields.
Please Print CLEARLY so information is readable.

USER NAME (print): _____ PHONE: _____
(First) (I) (Last)

USER EIN: _____ (must have to process) AGENCY/OFFICE:_____

REGION/OFFICE CODE: _____ LOCATION: _____

ELCID CODE (required):_____ UNIT CODE:_____

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USER STATUS

NEW USER _____ (if not new user, enter logon) _____ TEMPORARY EMPLOYEE (Yes / No)_____

TRANSFER FROM _____TRANSFER TO _____ CHANGE ____ SUSPEND_____ DELETE_____

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REQUIRED APPLICATION(S)

Please check *(Attach separate sheet for clarification, as needed)*

PACMIS_____ **USSDS_____ JUVENILE COURT (____ youth corrections, _____ juvenile offenders)

HEALTH MMIS_____ TSO_____

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PACMIS

- **UPDATE CAPABILITY** (**R**egion, **O**ffice or **N**o update) _____ **SUPERVISOR** (**Y**es or **N**o) _____

****** DCFS employees must get pre-approval for PACMIS--call Jeri Griffin @ 492-6607******

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USSDS

(check only one profile) ***[NOTE: Non-DHS employees requesting access must include justification and receive DHS Director of Finance Approval**—applies to all profiles except profile G.]*

___ A. State office (system maintenance) *
___ B. State Office Contract Worker **
___ C. Query Only
___E. Payment Entry (No Provider Update)
___G. HEAT Worker
___ K. Licensing workers
___ M. Provider Accounts Contract Approval
___ R. DCFS Payment Entry (No provider update)
___S. DCFS Provider Accounts (Provider update)
___ V. SAFE Help Desk Provider Fix
___ Y. Service Authorization

___ Budget Officer (F1, F2 access) *this is not a profile **

*Profile A and Budget Officer access must be approved by DHS Director of Finance: _____

**Profile B must be approved by DHS Bureau of Contract Management: _____

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COMMENTS (Attach separate sheet, if necessary): _____

_____

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I request access as indicated above. I also verify that I have read, understand, and agree to comply with the Department's "Policy on the Appropriate Use of Information Technology Resources".

USER SIGNATURE : _____ DATE : _____

APPROVING
SUPERVISOR NAME **(print):** _____ PHONE: _____

APPROVING
SUPERVISOR SIGNATURE: _____ DATE: _____

*****This form will be rejected, if not signed by both the user and the supervisor. *****

This Section for Office Use Only

Approved for DCFS:_____ Profile Approved for:_____

Assigned Mainframe ID: _____ Agency Code: _____ Region Code: _____