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 Fl.
Los Angeles, CA 90005
(213) 351-1335

REQUEST TYPE

Effective Date	☐ Create New User	☐ Delete User	☐ Data Access	☐ Account Extension	☐ * Other

☐ Name change	☐ Transfer	From	To

*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	First Name	M.I.

Last 4 Digits of SSN	Day of Birth	Phone Number

Facility / Bureau Name **MHSA** ☐

Address	City	Zip Code

CONTACT PERSON INFORMATION

Contact Person	Phone Number	Bureau Name

Address	City	Zip Code

DATA ACCESS RESOURCES

☐ **Check For Resource Creation** **Folder/Mailbox Name:** _____

Security/Distribution Group

☐ **Add** (List user names only, provide additional sheet if more space is needed)

☐ **Remove**

Network Resource Permissions **(Shared/Unit Folders)** ☐ **Read** ☐ **Modify**

Public Folder Access ☐ **Reviewer** ☐ **Editor** ☐ **Calendar**

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

Should you have any problems completing this form, please contact the Help Desk at (213) 351-1335.

Revised 8/18/09

This form may also be accessed on the DMHWeb page under the forms tab.