Los Angeles County – Department of Mental Health

Network Access Request Form

Contact Person Regarding This Request	Date	Telephone Number
Bureau/Unit		
Physical Location/Site Name		

Request Type (Indicate type and then fill out the corresponding section below)

- ☐ **Network Account** (Add, Change, Delete, Other)
- ☐ **Data Access** (Folder creation/deletion, Folder access permission change)

NETWORK ACCOUNT

Network Account Requests

☐ Add New User ☐ Change User Information ☐ Delete User ☐ Other

Employee Number ☐☐☐☐☐☐

User Name

First ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

M.I. ☐

Last ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Telephone Number (Area code + number) ☐☐☐ ☐☐☐ ☐☐☐☐

Please indicate the employee's employment status:

- ☐ Permanent
- ☐ Temporary — Date of Termination if Temporary: _____

- ☐ New Hire
- ☐ Transfer — From: _____

- ☐ Termination
- ☐ Transfer — To: _____

Other (Detail the request, attach separate sheet if necessary. If separate sheet is attached, please check this box ☐)

DATA ACCESS

Folder Creation

Folder Name: _____

Contact Person for this folder: _____

Folder Access Add / Remove (List user names to be added or removed from the access list to the above folder)

Signature (Signature of Division Chief level manager required)	**Date**
Supervisor (Print Name)	

For Information Technology Use Only

UserID	**Date Received**	**Heat Call ID**
Request Fulfilled by	**Date**	
Remarks		

Revised 07/18/2001

This form can be found at: http://dmhweb/forms/NARF.htm