



UCHC Employee/Affiliated Staff Account Access Request Form

If you have questions regarding this form contact the UCHC IT Helpdesk 860-679-4400.

Instructions:

1. Complete the form below, ensure the manager has signed it and then fax to 860-679-1054.
2. DO NOT include any password information in this document.
3. If request is for a User Account Revocation and the result of a separation from UCHC employment, the Department Manager or authorized person should fax this form to Human Resources 860-679-1051 along with the employee's resignation letter (if available).
4. Confirmation of account creation will be sent to the Requestor/Sponsor.

User Information

(person to be granted system access privileges)

First Name:	MI:	Last Name:	Emp.#:
Department (Required)		Job Title (Required):	
Location (Bldg & Room)	Work Phone Number	Pager Number	
			Manager's Name
Please Select Type of User Account Needed: UCHC Employee UCHP CMHC Special Payroll Affiliated Practitioner			

Define Account Needs

(please check appropriate boxes)

	<u>Add</u>	<u>Delete</u>	
Other:			

For the following Account Needs, use the Online Request Form at <http://uar.uchc.edu> :

IDX Applications: SCHED Appointment Scheduling, ADT Admission/Discharge/Transfer, BAR UMG Billing/Accounts Receivable, and HPA Hospital Billing/Accounts Receivable

Network and Email: Network and Email Accounts

Siemens Net Access Account-Patient Safety System: UCHC Lifetime Clinical Records (LCR), JDH Physician Order Entry (POE), UCHC JDH Medical Administration Checking (MAK), and CMHC Lifetime Clinical Records (LCR)

JDH eHIMS, NextGen, Resident Handoff Tool, BMS, NIS5 – CCMC, SIS, Granite/Topaz, Dental/MiPacs, LAB, iSite, and Syngo

Will this account require Remote Access (Citrix or VPN)? If YES, use the Online Request Form at: <http://uar.uchc.edu>

Department File Share Access

Please provide Queue Name and Level of Access needed (R for Read, W for Write, and F for Full Access) - Example: \\FS7000\MYDEPTSHARE RW

Disable/Delete User Account Information

Enter Usernames to be Disabled	Date
Reviewed by Human Resources	
Name	Date Reviewed

Requestor/Sponsor Information

(person filling out form and authorizing user access)

Requestor's Name:	Date:
Requestor's Department:	Requestor's Phone:
Requestor's Email Address:	Other Contact Info for Requestor

Authorization Information

Manager's Printed Name	Manager's Signature
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Please keep a copy of this for your records.

(This section is used for internal use and auditing only. Please do not write in the spaces below.)

Account Creation Information

Name of person creating account	Date Created	Work Order Number
Name of Requestor	Mail Sort (circle one) UCHC	CTHP EDUCATION OCME
Login Name (No Nicknames or Alias)	Login Script name	UCHC Mail Account
Security Groups Added	DL-All Employee UCHC (default)	