

ADMINISTRATIVE DEPARTMENT

ACCESS TO SENSITIVE INFORMATION

☐ CLIENT DATA

☐ FINANCIAL RECORDS

☐ EMPLOYEE RECORDS

☐ SYSTEM CONFIGURATION SETTINGS

☐ SYSTEM ACCESS AND SECURITY INFORMATION

SPECIFIC SYSTEMS OR APPLICATIONS: _____

EMPLOYEE NAME		DATE NEEDED	
DEPARTMENT		POSITION	
REASON FOR ACCESS REQUEST			

ACCESS REQUEST DETAILS

☐ VIEW ONLY

☐ EDIT/MODIFY

☐ FULL CONTROL

☐ DEACTIVATION

DURATION OF ACCESS:

☐ TEMPORARY

☐ PERMANENT

START DATE: _____

END DATE: _____

Acknowledgment by Requestor:

I am acknowledge and accept the responsibilities associated with accessing the systems and information as described above. I understand that unauthorized access or misuse of this information may result in disciplinary action and/or legal consequences.

Employee's Signature
(Signature over Printed Name)

DATE SIGNED:

TO BE FILLED BY AUTHORIZED EMPLOYEE

ACCESS GRANTED BY: _____

DATE OF ACCESS ACTIVATION: _____

ACCESS TERMINATION DATE (IF APPLICABLE): _____

NOTES: _____

PREPARED BY	ENDORSED BY	APPROVED BY
Employee's Signature <i>(Signature over Printed Name)</i>	Immediate Superior <i>(Signature over Printed Name)</i>	KATHLEEN REYES, MHM, DBA Chief Operating Officer
	DATE SIGNED:	DATE SIGNED: