

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 <input type="checkbox"/> VIEW ONLY <input type="checkbox"/> EDIT/MODIFY <input type="checkbox"/> FULL CONTROL <input type="checkbox"/> DEACTIVATION			DURATION OF ACCESS: <input type="checkbox"/> TEMPORARY <input type="checkbox"/> 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: _____	
			<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; font-size: small;">TO BE FILLED BY AUTHORIZED EMPLOYEE</p> <p>ACCESS GRANTED BY: _____</p> <p>DATE OF ACCESS ACTIVATION: _____</p> <p>ACCESS TERMINATION DATE (IF APPLICABLE): _____</p> <p>NOTES: _____</p> </div>	
PREPARED BY	ENDORSED BY		APPROVED BY	
Employee's Signature (Signature over Printed Name)	Immediate Superior (Signature over Printed Name)		Finance & Accounting Director (Signature over Printed Name)	
	DATE SIGNED: _____		DATE SIGNED: _____	

BMI-FORM-ADM-007

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