EAMI ACCESS REQUEST FORM

SECTION I: ACCESS ENVIRONMENT			
□ PRODUCTION	☐ STAGING (Staging is us	sed for User Acceptance Testing (UAT))	
Select one and provide date:	☐ Activate ☐ Modify	☐ Terminate Date:	
SECTION II: ROLE ASSOCIATIONS			
Accounting (Please choose only one):	□ Processor	□ Supervisor	
SECTION III: EMPLOYEE AND MANAGER INFORMATION			
Employee Information: (Print or typ	e)		
Print First & Last Name	DHCS User ID	Employee Title	
Signature	Date	Telephone	
Division	Section/Unit	Email Address	
NOTE: By signing this form you are acknowledging that you are being granted access to official DHCS controlled data and you understand what your responsibilities are for protecting this data according to DHCS Policy and have completed the annual DHCS Privacy Training.			
Employee's Manager Approval: (Print or type)			
Print First & Last Name	Title		
Signature	Date	Telephone	
NOTE: By signing this form you are authorizing access to official DHCS controlled data in EAMI to the above named employee in your program area at the security level identified above. You are also acknowledging your responsibility to enforce DHCS Privacy and Security policy.			

Created 4/15/2019 Page **1** of **2**

EAMI ACCESS REQUEST FORM

SECTION IV: EMPLOYEE DIVISION CHIEF OR DESIGNEE APPROVAL Division Chief or Designee Approval: (Print or type)			
Print First & Last Name	Title		
Division Chief or Designee Signature	Date	Telephone	
		ontrolled data in EAMI to the above named employee in are also acknowledging your responsibility to	
SECTION V: TO BE COMPLETED BY OFFICE OF HIP\$ A C2 0 3/ ,\$ 1 &(
OHC EAMI Manager or Designee App	roval (Print or type)		
Print First & Last Name	Title		
Signature	Date	Telephone	
SECTION VI: TO BE COMPLETED BY EAMI Production Support Team			
Role Assigned:			
☐ Processor ☐ Supervisor ☐ Admin			
Print First & Last Name	Signature	Date Completed	

Created 4/15/2019 Page **2** of **2**