|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EMPLOYEE INFORMATION:** | **Date of Request:** | Click here to enter a date. | **Effective**  **Date:** | Enter text |

1. ***Employment Type: (Select ONLY ONE)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Contract Full Time | Name of Contractor: | | Enter text |
|  | Contract Part Time | Name of Contractor: | | Enter text |
|  | **Full Time Employee** | | | |
|  | OPS Full Time | | **Please Add Aventail** | |
|  | OPS Part Time | | | |
|  | **Part Time Employee** | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Enter text |  | 1. text |  | 1. Enter text | |  | 1. text | | |  | 1. Enter text | | |
| ***First Name*** |  | ***MI*** |  | ***Last Name*** | |  | ***Suffix*** | | |  | ***Social Security Number*** | | |
| 1. Enter text |  | 1. text |  | 1. Choose an item. | |  | 1. Choose an item. | | | | | | |
| ***Birth Date*** |  | ***Gender*** |  | ***Race*** | |  | ***Position Title / Job Class*** | | | | | | |
| 1. Enter text |  | Work Addresstext | | |  | **NE** | |  | Circuit | | |  | 1. text |
| ***Agency*** |  | ***Work Address*** | | |  | ***Region*** | |  | ***Circuit*** | | |  | ***Office Acronym*** |

1. ***Telephone Numbers:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Work:** | **(**text**)** text **-** text **x** text | **Cell:** | **(**text**)** text **-** text | **Other:** | **(**text**)** text **-** text **x** text |

1. ***Language:***

|  |  |  |  |
| --- | --- | --- | --- |
| **P****rimary:** | Enter text | **Secondary:** | Enter text |

1. ***Action Required: (Select ONLY ONE)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Add User Account | |  | Suspend/Revoke/Transfer/Terminate User Account |
|  | Change/Update Capability | |  | Reinstate/Resume User Account |
|  | Other: (explain) | Enter text | | |

1. ***Unit and User Group Requested:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unit Name** |  | ***Security User Group*** |  | **Reporting User Group** |
| Choose an item. |  | Choose an item. |  | Agency, Scheduled, On Demand |
| Choose an item. |  | Choose an item. |  |  |
| Choose an item. |  | Choose an item. |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. ***Completed FSFN Training:*** | Yes | No | 1. ***Date of Training:*** | Click here to enter a date. |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. ***LDAP ID / Username:*** | Enter text | 1. ***Email Address:*** | Enter text |

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**AUTHORIZATION SIGNATURES:**

|  |  |  |
| --- | --- | --- |
|  |  | 1. Enter a date. |
| Signature of User |  | Date |

\*\*\* The supervisor is responsible for notifying the Florida Safe Families Network Security Officer of any employee status changes. \*\*\*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 1. **(**text**)**text**-**text **x**text | |  | 1. **(**text**)**text**-**text |  | 1. Enter a date. |
| Signature of Supervisor |  | Supervisor Work Phone # | |  | Cell Phone # |  | Date |
| Enter text | | |
| Please Print Name of Supervisor | | |

**HEADQUARTERS / REGION:**

|  |  |  |
| --- | --- | --- |
|  |  | 1. Enter a date. |
| Signature of Florida Safe Families Network Regional IT Security Officer |  | *Date* |

**COMMENTS:**

|  |
| --- |
| Enter text |