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

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

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1.
 |  | 1.
 |  | 1.
 |  | 1.
 |  | 1. **-       -**
 |
| ***First Name*** |  | ***MI*** |  | ***Last Name*** |  | ***Suffix*** |  | ***Social Security Number*** |
| 1.
 |  | 1.
 |  | 1. Choose an item.
 |  | 1. Choose an item.
 |
| ***Birth Date*** |  | ***Gender*** |  | ***Race*** |  | ***Position Title / Job Class*** |
| 1.
 |  |  |  |  ***3*** |  | 1.
 |
| ***Agency*** |  | ***Work Address*** |  | ***District*** |  | ***Office Acronym*** |

1. ***Telephone Numbers:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Work:** | **(     )      -       x** | **SunCom:** | **-** | **Cell:** | **(     )      -       x** |

1. ***Language:***

|  |  |  |  |
| --- | --- | --- | --- |
| **P****rimary:** |  | **Secondary:** |  |

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

|  |
| --- |
|[ ]  Add User Id / Password |
|[ ]  Change/Update Capability |
|[ ]  Suspend/Revoke/Transfer/Terminate User Id |
|[ ]  Reinstate/Resume User Id |
|[ ]  Other: (explain) |  |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Unit** |  | ***User Group*** |  | **Unit** |  | **User Group** |
| Choose an item. |  | Choose an item. |  | Choose an item. |  | Choose an item. |
| Choose an item. |  | Choose an item. |  | Choose an item. |  | Choose an item. |
| Choose an item. |  | Choose an item. |  | Choose an item. |  | Choose an item. |

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

|  |  |  |  |
| --- | --- | --- | --- |
| 1. ***Employee Usercode:***
 |  | 1. ***Email Address:***
 |  |

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**AUTHORIZATION SIGNATURES:**

|  |  |  |
| --- | --- | --- |
| 1.
 |  | 1. Click here to 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.
 |  | 1. **(   )    -       x**
 |  | 1. **-**
 |  | 1. Click here to enter a date.
 |
| **Signature of Supervisor** |  | **Supervisor’s Work Phone #** |  | SunCom # |  | **Date** |
|  |
| **Please Print Name of Supervisor** |

**HEADQUARTERS / ZONE / DISTRICT:**

|  |  |  |
| --- | --- | --- |
|  |  | 1. Click here to enter a date.
 |
| Signature of Florida Safe Families Network Security Officer |  | *Date* |

**COMMENTS:**

|  |
| --- |
|  |