|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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. **-       -** | | |
| ***First Name*** |  | ***MI*** | | |  | ***Last Name*** |  | ***Suffix*** | |  | | ***Social Security Number*** | | |
|  |  |  | | |  | 1. Choose an item. |  | 1. Choose an item. | | | | | | |
| ***Birth Date*** |  | ***Gender*** | | |  | ***Race*** |  | ***Position Title / Job Class*** | | | | | | |
|  | | |  |  | | | | |  | | ***3*** | |  |  |
| ***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:*** | 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. 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. **(   )    -       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:**

|  |
| --- |
|  |