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

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

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**AUTHORIZATION SIGNATURES:**

|  |  |  |
| --- | --- | --- |
| 1.
 |  | 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.
 |  | 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 |