



ACCESS REQUEST

APPENDIX I

APPROVED REQUESTOR'S FIRST & LAST NAME		REGION	REQUEST DATE
USER'S FIRST & LAST NAME			USER ID
USER'S E-MAIL ADDRESS		USER'S PHONE	USER'S FAX
USER DESIGNATION			
<input type="checkbox"/> DWD <input type="checkbox"/> UI	<input type="checkbox"/> PARTNER <input type="checkbox"/> DOC (THU)	<input type="checkbox"/> FSD <input type="checkbox"/> DOC (P & P)	<input type="checkbox"/> DED <input type="checkbox"/> VOLUNTEER
<input type="checkbox"/> DESE <input type="checkbox"/> OTHER			

ACCESS TYPE			
<input type="checkbox"/> NEW EMPLOYEE	<input type="checkbox"/> REACTIVATE ACCESS	<input type="checkbox"/> CHANGE AUTHORIZATION	<input type="checkbox"/> TERMINATE ACCESS

EMPLOYING AGENCY _____

Indicate Appropriate Hat and Location Below-

HATS <small>(Check Appropriate Hat)</small>			LOCATION <small>(ADD DESIRED LOCATIONS)</small>	ADD	DELETE
<input type="checkbox"/> WELCOME/SKILLS Team	<input type="checkbox"/> REA SPEC	<input type="checkbox"/> DOC - P & P	1. _____		
<input type="checkbox"/> JOBS Team	<input type="checkbox"/> WIA YOUTH	<input type="checkbox"/> DOC - THU	2. _____		
<input type="checkbox"/> WELCOME/SKILLS/JOBS	<input type="checkbox"/> CAP PROG	<input type="checkbox"/> Voc Rehab	3. _____		
<input type="checkbox"/> BUSINESS REP	<input type="checkbox"/> SPEC	<input type="checkbox"/> DED - ITSD Help	4. _____		
<input type="checkbox"/> DVOP	<input type="checkbox"/> CAP SPEC	<input type="checkbox"/> DED - ITSD MCS	5. _____		
<input type="checkbox"/> LVER	<input type="checkbox"/> DES - UI	<input type="checkbox"/> DED ITSD Prog			
<input type="checkbox"/> SPECIALIST	<input type="checkbox"/> DESE	<input type="checkbox"/> DED - MERIC			
<input type="checkbox"/> WELCOME/SKILLS Team	<input type="checkbox"/> REA SPEC	<input type="checkbox"/> DOC - P & P	1. _____		
<input type="checkbox"/> JOBS Team	<input type="checkbox"/> WIA YOUTH	<input type="checkbox"/> DOC - THU	2. _____		
<input type="checkbox"/> WELCOME/SKILLS/JOBS	<input type="checkbox"/> CAP PROG	<input type="checkbox"/> Voc Rehab	3. _____		
<input type="checkbox"/> BUSINESS REP	<input type="checkbox"/> SPEC	<input type="checkbox"/> DED - ITSD Help	4. _____		
<input type="checkbox"/> DVOP	<input type="checkbox"/> CAP SPEC	<input type="checkbox"/> DED - ITSD MCS	5. _____		
<input type="checkbox"/> LVER	<input type="checkbox"/> DES - UI	<input type="checkbox"/> DED ITSD Prog			
<input type="checkbox"/> SPECIALIST	<input type="checkbox"/> DESE	<input type="checkbox"/> DED - MERIC			

SUPERVISOR'S SIGNATURE _____ **DATE** _____
 I HAVE VERIFIED THAT THE USER LISTED ON THIS FORM HAS TAKEN THE CONFIDENTIALITY TRAINING, PASSED THE TEST, AND COMPLETED THE USER ATTESTATION FORM.

APPROVED REQUESTOR'S SIGNATURE _____ **DATE** _____

DOC POINT OF CONTACT **ADD** **REMOVE** _____

View	Update	SECURITY MODULES	PROGRAM ENROLLMENTS
		Access Rapid Response info in Employer Module	<input type="checkbox"/> Incumbent Worker 15% (Heritage Acres, Ozark Region)
		National Emergency Grants	<input type="checkbox"/> Jobs for Missouri Graduates
		Mass Layoff Maintenance	<input type="checkbox"/> REOS 15%
		Ability to pay over \$100 on WRE	<input type="checkbox"/> SPYCE 15%
		Alert Review	<input type="checkbox"/> SPYCE 85%
		Delete Alerts you did not create	<input type="checkbox"/> TANF Youth
		Fiscal Access Payment Maintenance	
		Restrict Seeker	
		Un-restrict Seekers	
		Access to Print CRC	
		Case Transfer Mailbox	
		Counselor Information	
		Case Transfer	
		Reassign Appts/Tasks	
		Reassign Counselor	
		TANF Job Order	
		Workshop Presenter	