

SYSTEM ACCESS FORM
Elim Park Baptist Home
POLICY AS 6-8

REQUEST FOR ELECTRONIC SYSTEM, APPLICATION ACCESS, OR CHANGE

Printed Name of Authorizing Supervisor/Manager: _____

Signature of Supervisor/Manager: _____

Date: _____ Department: _____ Ext of Supervisor/Mgr: _____

(Please Circle One:) ADD CHANGE REMOVE EFFECTIVE DATE _____

Requested For:

Employee Name: LAST _____ FIRST _____ MI _____

Department: _____ Job Title: _____ Ext _____

(Note: The Following is Not required if request is for REMOVAL)

Will this user access a ___Personal PC ?, or a ___Multiuser PC? (Check One)

APPLICATIONS REQUIRED (check all that apply):

- ___ADMISSIONS/INTAKE (MDI)
- ___ACCOUNTS PAYABLE (MDI)
- ___BILLING/ACCOUNTS RECEIVABLE(MDI)
- ___FIDUCIARY/RESIDENT TRUST(MDI)
- ___GENERAL LEDGER(MDI)
- ___HEALTH MAX
- ___MEDICAL RECORDS (MDI)
- ___PAYROLL/PERSONNEL(ADP)
- ___HUMAN RESOURCES (ADP)
- ___HUMAN RESOURCES (IMGKPR)
- ___THERAPIES/CLINICS(HEALTH MAX)
- ___MARKETING/FUNDRAISING(Paradigm)
- ___MARKETING (Reps)
- ___TIME AND ATTENDANCE/SECURITY(E-TIME)
- ___EQUIP
- ___DIETARY(SODEXHO CO)

OTHER ACCESS REQUESTS (circle/check all that apply):

- ___EMAIL DISTRIBUTION LISTS (specify) _____
- ___OUTLOOK WEB ACCESS –OWA (Senior Mgmt Only)
- ___EMAIL ACCESS
- ___INTERNET ACCESS
- ___WIRELESS ACCESS (Mobil Phones only)

TO BE COMPLETED BY IS STAFF ONLY:

DATE APPROVED: _____SIGNATURE OF ISSO: _____

NETWORK USERID: _____INITIAL PASSWORD: _____