

ADDENDUM A – ACESS ACCT USERID REQUEST

USERID REQUEST FORM ADDENDUM FOR ACESS

SECTION 1 - USER INFORMATION

Name (Printed)	Last:	First:	MI:
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Location: ☐ CW (OCS) ☐ ES (OFS) ☐ DCFS (DSS) ☐ Parish (name):

Novell/LAN ID: _____ ☐ Region (name): _____ ☐ State

☐ WebFocus (for ACESS users only) Please provide MainFrame RACF ID (required): _____

SECTION 2 – ROLE NAME

Please select one of the following roles by placing an 'x' next to the role name in the box below:

- | | | |
|---|---|---|
| <input type="checkbox"/> Central Administrator | <input type="checkbox"/> CPI Supervisor | <input type="checkbox"/> OFS Local Administrator |
| <input type="checkbox"/> CPI Dist Manager - Central Admin | <input type="checkbox"/> CPI Supervisor - Central Admin | <input type="checkbox"/> OFS Worker |
| <input type="checkbox"/> CPI Dist Manager - Local Admin | <input type="checkbox"/> CPI Supervisor - Local Admin | <input type="checkbox"/> OFS Worker – Central Admin |
| <input type="checkbox"/> CPI District Manager | <input type="checkbox"/> OCS Central Administrator | <input type="checkbox"/> OFS Worker – Local Admin |
| <input type="checkbox"/> CPI Other | <input type="checkbox"/> OCS Expungement Manager | <input type="checkbox"/> Parish Expungement Manager |
| <input type="checkbox"/> CPI Other – Central Admin | <input type="checkbox"/> OCS Local Administrator | <input type="checkbox"/> Resource Management Worker |
| <input type="checkbox"/> CPI Other – Local Admin | <input type="checkbox"/> OCS Worker | <input type="checkbox"/> RFS Worker |
| <input type="checkbox"/> CPI Reg Admin - Central Admin | <input type="checkbox"/> OCS Worker - Central Admin | <input type="checkbox"/> Local Administrator |
| <input type="checkbox"/> CPI Reg Admin - Local Admin | <input type="checkbox"/> OCS Worker - Local Admin | |
| <input type="checkbox"/> CPI Regional Administrator | | |

Additional Information:

SECTION 3 – USER AGREEMENT

The undersigned understands and agrees that use of this system falls under the computer security policy for the Department of Children and Family Services computer users (DCFS Policy Number 5-3). The undersigned also agrees to abide by this policy and understands that non-compliance with any part of this policy may constitute grounds for disciplinary action as outlined in the User Agreement and Statement on Form IT-CU1.

User Signature:	Date:
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Supervisor (printed) name:	Signature/Date:
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