

Elliot Security Account Request Form

(Please allow 8 business days for requests to be completed)

Type of Request: Add Delete Name Change Employee Department/Position Transfer
 Working in an additional department
 Expiration date for Temps and Students, if known _____

SECTION I - Demographic Information

Last Name:

First Name: Middle Initial:

If name change, former last name: _____ **School Name:** _____

Title: _____ Physical Location: _____ Company: _____

Dept./Office: _____ Phone #: _____ Employee ID # _____ (find on paycheck)

REQUIRED: Enter last four digits of social security # (Information will be used as a unique security identifier).

◆ SECTION ONE MUST BE COMPLETED IN FULL OR FORM WILL BE RETURNED TO ORIGINATOR ◆

SECTION II - Access Required-Role Based Security is used for employees and will be done on IKE

Check all that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Networks** - <i>Complete Section III</i> | <input type="checkbox"/> Benefits | <input type="checkbox"/> Transcription Text |
| <input type="checkbox"/> Mail/Calendar | <input type="checkbox"/> General Ledger | <input type="checkbox"/> Training & Developm. |
| X EPIC | <input type="checkbox"/> Accounts Payable | <input type="checkbox"/> Dictation Voice: RAD or MR |
| <input type="checkbox"/> Laboratory-General System | <input type="checkbox"/> Finance (all other areas) | <input type="checkbox"/> HME |
| <input type="checkbox"/> Laboratory-Anatomical Path | <input type="checkbox"/> Materials Management | <input type="checkbox"/> HBO Decision Support |
| <input type="checkbox"/> Radiology | <input type="checkbox"/> Lawson Ordering/Receiving RSS | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> PACS | <input type="checkbox"/> Lawson Reporting (List Dept. #'s in section IV) | |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Lawson Manager SEA (Need VP signature) | |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Payroll | |
| | <input type="checkbox"/> Kronos | |

****Networks includes Microsoft Office – Word, Excel, PowerPoint and Access. For MS Projects submit service request and software will be charged to the department.**

SECTION III - Networks

Access required (check all that apply):

~~Remote Access~~ Home Office ~~(PA/ARNP's – must take call to get access from home) Physician sign below~~

Indicate Internet Service Provider: _____ PC Operating System: _____

Note: Remote Access Requires VP Signature below

Shared Drive * For access to shared directories, specify exact path to folder and circle T or L drive:

T or L :/Shares/ _____ Read Only Permission Change Permission

SECTION IV - Additional Requirements or Comments:

(Specify the menus according to job description if necessary)

Employee Signature: _____ Date: _____

Manager Signature: _____ Print Name: _____

~~Vice President Signature for Remote Access:~~ _____ ~~Print Name:~~ _____

~~Physician Signature authorizing Remote Access to EPIC for their PA/ARNP:~~ _____

~~Print Physician's Name:~~ _____

Authorization Explanation

- For an Elliot Health System Employee you must have a director/manager signature & a VP signature for remote access.
- For a Physician office you must have the signature of the physician.
- For a business associate you must have the Department director Signature of the area that you are working in conjunction with and the responsible party from the company.