



COMPUTER ACCESS REQUEST

TO: MIS Department

Effective Date: _____

Type of Request:

- | | |
|--------------------------------|---------------------|
| Employee | New Access |
| Contract Employee | Modification Access |
| Third Party Access (View Only) | Termination |
| Equipment Purchase | Other |

First Name: _____

Last Name: _____

Title: _____

Department: _____

Select Facility:

Sun Health	GVT Independent Living	LLV Independent Living	The Colonnade RC
Sun Health at Home	GVT Health & Rehabilitation Center	LLV Care Center	The Colonnade AL
Sun Health Supportive Services	GVT Assisted Living	LLV Assisted Living	The Colonnade MS
Private Duty	GVT Memory Support	LLV Memory Support	
Care Transition	GVT Outpatient Therapy	LLV Outpatient Therapy	

Type of Access Required:

Please include specifics about access and permissions to drives and various software programs

Workstation	FileBound	Kronos	My Limo	Donor Perfect
Network Access	Matrix Care	Casamba / Smart	SARA System	Mobile Pass
Email	Micromain	Care Watch	Network Drives: _____	
VPN Access	Great Plains	Risk Watch	Printer Location: _____	
<u>MyUnity * (Vision)</u>	<u>* Role Assigned:</u> _____			

Additional Requests:

Equipment / Service / Software Requested: _____

Email Groups: Add Remove _____

Authorization Required by Director:

Name: _____

Telephone #: _____

Title: _____

Department: _____

Date: _____

Signature: _____

Approval Required by IS Director and/or CIO:

IS Director: _____
Approved
Denied

CIO: _____
Approved
Denied

Asset Tag #: _____ Computer Name: _____

Additional Notes: