



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: _____ | |

MyUnity * (Vision) * Role Assigned: _____ Agency Start Date: _____ End Date: _____

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	CIO: _____	Approved
	Denied		Denied

Asset Tag #: _____ Computer Name: _____

Additional Notes: