



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	Center for Health and Wellbeing (CHWB)
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 | Care Watch | Phone Name Change
<small>(add requested changes in "Additional Requests" field.)</small> |
| Network Access | Matrix Care | Risk Watch | Network Drives: _____ |
| Email | TELS | GP Citrix Software | Printer Location: _____ |
| VPN Access | My Limo | Donor Perfect | |
| <u>MyUnity *(Vision) *myUnity Role Assigned:</u> | | <u>Agency Start Date:</u> | <u>End Date:</u> |

Additional Requests:

Phone / Equipment / Software / Service _____

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: _____ Phone Number: _____

Additional Notes: _____