

Computer Access Request Form

Reason for this Request

- ☐ Change Expiry Date
- ☐ New Hire / Transfer
- ☐ Job / Dept Change
- ☐ Name Change
- ☐ Change of Access
- ☐ Resignation / Termination
- ☐ Change Admitting Privileges
- ☐ Research External Monitor

Status: ☐ Full Time ☐ Part Time ☐ Temp ☐ Contract ☐ Casual ☐ Student

Requested by Date:

Access Expiry Date:

Employee #:

CPSO #:

Office Address:

Legal First Name:

Last Name:

Job Title:

Department / Specialty:

If access should mirror another employee, please indicate their name or User id:

Departmental shared drive name:
use full name eg. \\kgldatacluster\CustSup\$ not Z:

Shared Mailbox or Email Distribution group name(s):

Computer Access

System(s) to access: Please check all that apply

- | | | | |
|-------------------------------------|-----------------------------------|---|---|
| <input type="checkbox"/> Emerald | <input type="checkbox"/> Email | <input type="checkbox"/> Remote Citrix Access | <input type="checkbox"/> SAP - Cost center --> <input type="text"/> |
| <input type="checkbox"/> EDIS | <input type="checkbox"/> Vocera | <input type="checkbox"/> Payroll (HDH) | <input type="checkbox"/> Nephrocare |
| <input type="checkbox"/> OR Manager | <input type="checkbox"/> Omnicell | <input type="checkbox"/> Sunquest Labs | Other: <input type="text"/> |

Patient Care System (PCS) - Select Role -->

Critical Care Information System (CCIS) - Role-->

Additional Information:

Administrative Authorization

Please complete all questions on this form as completely and accurately as possible to insure that your request for access is processed in a timely manner. Incomplete forms will be returned to the originating department. Please allow for 48 hours for processing, Authorization must come from the applicant's supervisor or appropriate administration. Applicants may not authorize themselves.

Complete this form and use the "Email it" button below to submit it to KHSC Service Desk or submit it manually via e-mail: Access@kgh.kari.net
If you have any questions or concerns regarding the completion of this form please contact the KHSC Service Desk @ ext 4357.

Managers Name:

Date:

Signature:

Electronic signatures and Email submissions are recommended