

INFORMATION SYSTEMS ACCESS AUTHORIZATION

Check only applicable choices	Add a New User Modify User Profile Change name on User ID	Reinstate User	Revoke User
Agency			et Center ncing Equity
User Information ("User	is the person whose account is	being affected)	
Name: First, M.I., Last	RACE	FID	Effective Date
	(I FAVF	BLANK IF NOT ASSIGNED YET)	
Position Title		nail Address	
Work Address, City and Zip			Direct Work Phone
-			Fax Number
			rax Number
			-
Manager Information			
Name: First, M.I., Last		Position T	itle
Phone	Email	<u> </u>	
Signature		Today's D	ate
Office Use			
Default/Home Branch:			

User access setup:

For enhancing Equity and District Center employees choose all that apply to applicants job function.

Oregon Project Independence (OPI) Case Manager Older American Act (OAA) Case Manager Processing Home Care Worker vouchers Information and Assistance **Options Counseling UCR System**

Remove Pay Voucher rights **Quality Assurance**

Program Management & Coordination

Transportation Coordinator

SHIBA Coordinator

Evidence Based Health Promotion Registration

Provide a preferred username (8 characters total, at least one number)