

Tempus Unlimited Inc.
EMPLOYEE SYSTEM ACCESS FORM

DATE:	
SUBMITTED BY:	
EFFECTIVE DATE:	

REASON FOR REQUEST:

- Addition to Staff
 New Hire
 Temp/Seasonal/CO-OP
 On Leave
 Termination
 Additional Access
 Status Level Change
 Terminate Application

Access Reason: _____

EMPLOYEE INFORMATION:

EMPLOYEE/EXTERN/CONSULTANT NAME:	
JOB TITLE:	
DEPARTMENT/PROGRAM:	
BUILDING ACCESS SCHEDULE:	(circle) Sunday –Saturday, 5:30am -7pm, 12pm-9pm, 24 hours
OFFICE PHONE NUMBER:	
EMPLOYEE’S MANAGER:	
MANAGER CONTACT #:	

DEPARTMENT ACCESS USER GROUP:

- | | |
|--|---|
| <p>1. Accounting Department
 <input type="checkbox"/> Accounting <input type="checkbox"/> Document Imaging <input type="checkbox"/> QAQC</p> <p>2. Administration Department
 <input type="checkbox"/> Compliance <input type="checkbox"/> Facilities <input type="checkbox"/> Human Resources</p> <p>3. Billing Department
 <input type="checkbox"/> Billing <input type="checkbox"/> Budget Management <input type="checkbox"/> FI Intake</p> <p>4. CEO OFC</p> <p>5. IT Department</p> | <p>6. Community Service Department
 <input type="checkbox"/> Employment Services <input type="checkbox"/> OPT Mgr
 <input type="checkbox"/> PCA Evaluation <input type="checkbox"/> AFC <input type="checkbox"/> Case Manager
 <input type="checkbox"/> Consumer Support Intake <input type="checkbox"/> Skills Trainer
 <input type="checkbox"/> Supported Living <input type="checkbox"/> Prior Authorization
 <input type="checkbox"/> Recreational Services</p> <p>7. Payroll Department
 <input type="checkbox"/> Bank Management <input type="checkbox"/> Consumer Relations
 <input type="checkbox"/> Document Management
 <input type="checkbox"/> Employee Management <input type="checkbox"/> Employer Management
 <input type="checkbox"/> Payroll Management <input type="checkbox"/> Time Sheet Management</p> |
|--|---|

REQUESTED INTERNAL APPLICATION ACCESS (check all that applies):

- | | | |
|---|---|---|
| <input type="checkbox"/> BIT: <input type="checkbox"/> Production <input type="checkbox"/> Staging | <input type="checkbox"/> VPN | <input type="checkbox"/> Password State |
| <input type="checkbox"/> Citrix | <input type="checkbox"/> Zuke: <input type="checkbox"/> Production <input type="checkbox"/> Staging | <input type="checkbox"/> Billing Module |
| <input type="checkbox"/> Communications <input type="checkbox"/> Production <input type="checkbox"/> Staging | <input type="checkbox"/> Sage/Peach Tree Financials | <input type="checkbox"/> AFC Eligibility <input type="checkbox"/> Production <input type="checkbox"/> Staging |
| <input type="checkbox"/> Enrollment: <input type="checkbox"/> Production <input type="checkbox"/> Staging | <input type="checkbox"/> OT Travel Access | <input type="checkbox"/> AFC Billing <input type="checkbox"/> Production <input type="checkbox"/> Staging |
| <input type="checkbox"/> Laserfiche “Community Programs” | <input type="checkbox"/> Phone (check languages that apply) | <input type="checkbox"/> Annkissam Sifter |
| <input type="checkbox"/> Laserfiche “FI” | <input type="checkbox"/> English <input type="checkbox"/> Spanish | <input type="checkbox"/> Annkissam OORT |
| <input type="checkbox"/> Stanley | <input type="checkbox"/> Chinese <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> CYMA (payroll) |
| <input type="checkbox"/> STM | <input type="checkbox"/> Softphone | |
| <input type="checkbox"/> Timesheet Teleform Verifier | <input type="checkbox"/> Access to Chronicall | |
| <input type="checkbox"/> Remote Access | <input type="checkbox"/> Chronicall Recording | |
| <input type="checkbox"/> Rapid Notify | <input type="checkbox"/> Eligibility | |
| <input type="checkbox"/> Email <input type="checkbox"/> Disable user Email Account <input type="checkbox"/> Delete user Email Account | <input type="checkbox"/> Forward user Email to Manager | |
| <input type="checkbox"/> Other: _____ | | |

- Email Distribution List: _____
Scan folder _____
Other: _____

EMPLOYEE/EXTERN/CONSULTANT NAME:	
JOB TITLE:	
DEPARTMENT:	

REQUESTED EXTERNAL APPLICATION ACCESS:

- | | | |
|--|--|--|
| <input type="checkbox"/> Senior Whole Health (SWH) | <input type="checkbox"/> Medicaid Management Information System (MMIS) | <input type="checkbox"/> ICORI (HR) |
| <input type="checkbox"/> United Health Care (UHC) | <input type="checkbox"/> Provider Online Services Center (POSC) | <input type="checkbox"/> Tufts Health Access (HR for employees) |
| <input type="checkbox"/> Tufts Health Plan | <input type="checkbox"/> Adult Foster Care Group Determination (ADG) | <input type="checkbox"/> Altus Dental (HR) |
| <input type="checkbox"/> NaviCare (NaviCare of Fallon Community Health Plan) | <input type="checkbox"/> HVAC Software-Facility Explorer FX-60 | <input type="checkbox"/> Indeed.com (HR) |
| <input type="checkbox"/> Commonwealth Care Alliance (CCA) | <input type="checkbox"/> Virtual Gateway | <input type="checkbox"/> TimeForce (HR) |
| <input type="checkbox"/> Boston Medical Center Health Plan (BMCHP) | <input type="checkbox"/> Sage Payroll,-PayChoice, for HR | <input type="checkbox"/> TimeForce Nexus (call-in time punch) (HR) |
| | | <input type="checkbox"/> Eastern Bank |

ADDITIONAL INFORMATION:

- Add Disable user under Outlook Address book, Global Address List, and the following User Groups: All Staff
 Other Applications/Sites/Programs user should have access to (please list): _____

Any restrictions (please list): _____

Any accommodations requested: _____

Requested Equipment:

Cell Phone Issued: No Yes Phone Number: _____

New office phone, License issued: No Yes Number: _____

- User License Mailbox License Work Group License Phone Headset

Laptop issued No Yes, include accessories: _____

UPS Badge

Desktop PC location: _____

Laptop Serial Number: _____

PRINTERS: (list all printers user should have access to by printer name or use Addendum -A)

 IT Orientation Date/Time _____ Location: _____

Sign: _____ Date: _____