

**Tempus Unlimited Inc.**  
**EMPLOYEE SYSTEM ACCESS FORM**

DATE:	
SUBMITTED BY:	
EFFECTIVE DATE:	

**REASON FOR REQUEST:**

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

Other: \_\_\_\_\_

**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><b>1. Accounting Department</b><br/> <input type="checkbox"/> Accounting <input type="checkbox"/> Document Imaging <input type="checkbox"/> QAQC</p> <p><b>2. Administration Department</b><br/> <input type="checkbox"/> Compliance <input type="checkbox"/> Facilities <input type="checkbox"/> Human Resources</p> <p><b>3. Billing Department</b><br/> <input type="checkbox"/> Billing <input type="checkbox"/> Budget Management <input type="checkbox"/> FI Intake</p> <p><b>4. CEO OFC</b></p> <p><b>5. Community Service Department</b><br/> <input type="checkbox"/> Employment Services <input type="checkbox"/> OPT Mgr<br/> <input type="checkbox"/> PCA Evaluation <input type="checkbox"/> AFC <input type="checkbox"/> Case Manager</p> | <p><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><b>6. IT Department.</b></p> <p><b>7. Payroll Department</b><br/> <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> <p><b>8. In House Payroll Department</b></p> |
|--|--|

**REQUESTED INTERNAL APPLICATION ACCESS (check all that applies):**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> BIT: <input type="checkbox"/> Production <input type="checkbox"/> Staging<br><input type="checkbox"/> Citrix<br><input type="checkbox"/> Communications <input type="checkbox"/> Production <input type="checkbox"/> Staging<br><input type="checkbox"/> Enrollment: <input type="checkbox"/> Production <input type="checkbox"/> Staging<br><input type="checkbox"/> Laserfiche “Community Service”<br><input type="checkbox"/> Laserfiche “FI”<br><input type="checkbox"/> Stanley<br><input type="checkbox"/> STM<br><input type="checkbox"/> Timesheet Teleform Verifier<br><input type="checkbox"/> Remote Access<br><input type="checkbox"/> VPN<br><input type="checkbox"/> Zuke: <input type="checkbox"/> Production <input type="checkbox"/> Staging<br><input type="checkbox"/> Rapid Notify | <input type="checkbox"/> Sage/Peach Tree Financials<br><input type="checkbox"/> OT Travel Access<br><input type="checkbox"/> Phone (check languages that apply)<br><input type="checkbox"/> English <input type="checkbox"/> Spanish<br><input type="checkbox"/> Chinese <input type="checkbox"/> Haitian Creole<br><input type="checkbox"/> Softphone<br><input type="checkbox"/> Access to Chronicall<br><input type="checkbox"/> Chronicall Recording<br><input type="checkbox"/> Password State<br><input type="checkbox"/> Billing Module<br><input type="checkbox"/> AFC Eligibility <input type="checkbox"/> Production <input type="checkbox"/> Staging<br><input type="checkbox"/> AFC Billing <input type="checkbox"/> Production <input type="checkbox"/> Staging<br><input type="checkbox"/> Eligibility | <input type="checkbox"/> Annkissam Sifter<br><input type="checkbox"/> Annkissam OORT<br><p><b>CYMA</b> (payroll): <input type="checkbox"/> Employer Mgmt.<br/> <input type="checkbox"/> Bank Mgmt. <input type="checkbox"/> Payroll Mgmt.<br/> <input type="checkbox"/> FI Payroll Manager.<br/> <input type="checkbox"/> Consumer Relations <input type="checkbox"/> Accounting<br/> <input type="checkbox"/> Document Imaging <input type="checkbox"/> Qa Qc<br/> <input type="checkbox"/> DocumentMgmt.<br/> <input type="checkbox"/> EmployeeMgmt<br/> <input type="checkbox"/> Timesheet Mgmt.<br/> <input type="checkbox"/> In-House Payroll Mgmt.</p> |
|---|--|--|

- Email    Disable user Email Account    Delete user Email Account    Forward user Email to Manager  
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/Folder/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: \_\_\_\_\_