

VA Central California Health Care System - Fresno, CA

REQUEST FOR COMPUTER ACCESS

Please Type or Print Clearly

Form must be filled out completely

Last Name Legal First Name Middle Initial or NMI

Sex: [] Male [] Female (Check One) Date of Birth: SSN:

Initials: Title/Position: Professional Degree:

Service: Mail Routing Symbol: Extension:

[] Permanent Employee. If not permanent (e.g. temp employee, resident trainee), date leaving:

ACCEPTANCE OF USE STATEMENT

VA information systems will be used in an approved, ethical, and lawful manner to avoid loss or damage to VA operations, reputation, or financial interests, and will be used to comply with federal policies and procedures on acceptable use. Detailed policy and procedures for addressing acceptable use can be found in VA Directive 6001, Limited Personal Use of Government Office Equipment Including Information Technology, VA Handbook 6500 Cyber Security, and local policies. Personnel must contact the Information Security Officer for guidance prior to engaging in any activities not explicitly covered by the VA policies.

SIGNATURE

DATE

Network Account: Yes No [] []

Z Drive: Yes No [] []

Deliverex: Yes No [] []

Outlook Mail Account: [] []

Telephone PIN: [] [] (ADPAC enters request in VistA)

(ADPAC e-mails G.DELIVEREX ACCESS in VistA)

VistA Menus Needed:

User has completed: [] VA Cyber Security Awareness Training [] Privacy Training (Verified by ADPAC/Service Chief)

(Application Coordinator/Service Chief) -Signature

Typed or Printed Name/Extension

APPROVED/DISAPPROVED

(Information Security Officer) -Signature

DUZ#

INITIALS

DATE

R of B