



State of Florida
Department of Juvenile Justice
NETWORK USER ACCOUNT REQUEST FORM

To Be Completed by Authorizing Supervisor: (Please PRINT Legibly and Complete All Fields in Sections 1-5)

1. ACCOUNT INFORMATION:

Is this account for a DJJ Employee or a Provider working within a DJJ facility? [ ] DJJ Employee [ ] Provider

If this account is for a "PROVIDER" please indicate the FULL Business Name of the Provider in the space below.

PROVIDERS WORKING IN DJJ FACILITIES MUST ALSO SUBMIT A PROVIDER JJIS ACCESS USER AGREEMENT FOR JJIS ACCESS.

2. USER INFORMATION: (Please PRINT)

First Name: Middle Initial: Last Name:

User's Work Location, include Region (i.e. HQ, North, Central, South) and Circuit: (e.g. Dade Detention, South, C11)

Title: Section/Unit: (e.g. Admin, F&A, IT) Computer Property Number:

3. AUTHORIZING SUPERVISOR INFORMATION AND SIGNATURE:

Name/Title: (PRINT) Ph Number & Ext: Signature: Date:

The authorizing supervisor acknowledges their responsibility, to ensure that all access authorizations are revoked upon the termination of this employee --as outlined in DJJ Policy 1205.30, Information Resource Security Standards and Guidelines, Chapter 9, Section 4 – and will notify Bureau of Information Technology of such termination.

4. ACCESS AND APPLICATIONS/SOFTWARE:

Should this account be mirrored after another user? [ ] YES [ ] No If "YES" please indicate the Name, Region and Section, in the space below. (Please PRINT) e.g. Jane Doe, North Region, Probation

Will User Access: [ ] JJIS [ ] SAMAS NOTE: Access to JJIS and SAMAS require separate requests and credentials.

List required non-standard applications/software. NOTE: Non-standard apps/software must be approved by the Bureau of Information Technology.

Standard applications/software includes: Adobe Reader, Correspondence Tracking, Forms Library, DIO Help Request, JJIS Web, People First, Work Order and the Microsoft Office Suite (i.e. Access, Excel, Internet Explorer, Outlook, PowerPoint & Word).

List required K: Drive folders that will need to be accessed: (Please PRINT)

Additional Instructions for Information Technology staff: (Please PRINT)

5. AUTHORIZED USER'S SIGNATURE:

Signature: Date:

The person authorized to use DJJ's Network must not disclose his/her password to anyone, nor should passwords be written down. This person should sign off the system when she/he is finished accessing the desired information. Violation of any of the rules outlined in DJJ Policy 1205.30, Information Resource Security Standards and Guidelines could result in the loss of access. The person signing this document acknowledges that he/she understands this and related policies.

Information Technology USE ONLY: (Please PRINT Legibly and Complete All Fields in This Section)

Receive Date: Completed by: Completion Date: Assigned Username for Above User: