

Department of Human Services
Division of Services for People with Disabilities
DSPD STATE EMPLOYEE USTEPS ACCESS REQUEST FORM

Form 0-1
5-1-2014

Individual User Name: _____
(Please Print) First Name Middle Initial Last Name

User Telephone: () _____ **User Utah ID Email:** _____

Employee EIN: _____ **Employee Job Title:** _____ **Employee Office:** _____

STATEMENT OF UNDERSTANDING

I understand access to USTEPS is for my exclusive use as a DSPD employee of the State of Utah. I understand this access is controlled by my password. I accept responsibility for maintaining the secrecy of my password and for protecting the confidentiality of the information in USTEPS in accordance with the State of Utah Department of Human Services **Appropriate Use of Information Technology Resources*** and the Code of Conduct with the Department of Human Services and the Division of Services for People with Disabilities. I understand any breach of this policy may result in corrective action. I am responsible for notifying the Division of Services for People with Disabilities (DSPD) in writing of changes made to the user email address or my employment status with DSPD.

(*Reference: <http://www.hspolicy.utah.gov/> 6-Technology, 6-4 Appropriate IT use & 6-4A Addendum to Appropriate IT use.) **Initial:**

User Signature: _____ **Date:** _____

Employee Supervisor Signature: _____ **Date:** _____

Employee Supervisor Name: (please print) _____

Requested USTEPS Functionality (check all that apply)

<input type="checkbox"/> QIDP	<input type="checkbox"/> DSPD Employee	<input type="checkbox"/> SIS	<input type="checkbox"/> ABISC	<input type="checkbox"/> Budget Coordinator
<input type="checkbox"/> FMAP	<input type="checkbox"/> System Administrator	<input type="checkbox"/> Advan. Search (Create PID)	<input type="checkbox"/> SSN (exposing SSN)	<input type="checkbox"/> UPI
<input type="checkbox"/> UPI Financial	<input type="checkbox"/> UPI-IR (state employee)	<input type="checkbox"/> UPI-IR (admin team only)	<input type="checkbox"/> UPI-IR (admin read only)	<input type="checkbox"/> Payment Tech 520
<input type="checkbox"/> Payment Tech Emergency	<input type="checkbox"/> Payment Approval Creation	<input type="checkbox"/> Team Leader	<input type="checkbox"/> PD Eligibility (PD Nurse)	<input type="checkbox"/> Electronic Documents

Email completed form to usteps@utah.gov or Fax to USTEPS @ (801) 538-4279 - Subject Line: USTEPS Access

-For Office Use Only-

ADMINISTRATIVE APPROVAL

I have reviewed the above application request and approve access to the following USTEPS roles:

<input type="checkbox"/> QIDP	Signature: _____	Date: _____
<input type="checkbox"/> SIS	Signature: _____	Date: _____
<input type="checkbox"/> ABISC	Signature: _____	Date: _____

<input type="checkbox"/> QIDP Role_QMRP Role_Elig_MRRRC Role_Pay_Approval_1 Role_Incident_Report Role_IR_Investigation Role_IR_Create Role_SC_Follow_Up Role_IR_Read_Only	<input type="checkbox"/> DSPD Employee Role_CW <input type="checkbox"/> SIS Role_SIS <input type="checkbox"/> ABISC Role_ABISC Role_Elig_ABI	<input type="checkbox"/> Budget Coordinator Role_Budget_Coord <input type="checkbox"/> FMAP Role_FMAP <input type="checkbox"/> System Administrator Role_Admin	<input type="checkbox"/> Advan. Search (Create PID) Role_Advanced_Search <input type="checkbox"/> SSN (exposing SSN) Role_SSN <input type="checkbox"/> UPI Role_USTEPS_UPI Role_DSPD_UPI	<input type="checkbox"/> UPI-IR (admin team only) Role_IR_Closure Role_IR_Investigation Role_IR_Create Role_SC_Follow_Up Role_IR_Admin_Team Role_IR_Admin_Read
<input type="checkbox"/> Payment Tech 520 Role_Pay_Approval_2 Role_Pay_Create	<input type="checkbox"/> Payment Tech Emergency Role_Pay_Emergency	<input type="checkbox"/> Payment Approval Creation Role_Provider_Approval	<input type="checkbox"/> UPI Financial Role_Financial	<input type="checkbox"/> UPI-IR (admin read only) Role_IR_Investigation Role_IR_Create Role_SC_Follow_Up Role_IR_Read_Only Role_IR_Admin_Read
<input type="checkbox"/> Team Leader Role_Supervisor	<input type="checkbox"/> PD Eligibility (PD Nurse) Role_QMRP Role_Elig_PD	<input type="checkbox"/> Electronic Documents Role_	<input type="checkbox"/> UPI IR (state employee) Role_IR_Read_Only	<input type="checkbox"/> UPI-IR (admin read only) Role_IR_Investigation Role_IR_Create Role_SC_Follow_Up Role_IR_Read_Only Role_IR_Admin_Read

USTEPS Team: _____	Activation	_____	Date:	_____	Validation (initial & date)
USTEPS Team: _____	Inactivation	_____	Date:	_____	Validation (initial & date)