

Department of Human Services
Division of Services for People with Disabilities
NON-DSPD STATE OF UTAH EMPLOYEE

Form 0-4
02/18/2013

USTEPS ACCESS REQUEST FORM

(Please Print)

APPLICANT NAME: _____
First Name Middle Initial Last Name

Work Telephone: _____

State of Utah E-Mail Address: _____

Representing Agency: _____

Representing Division/Bureau: _____

Work Office and Address: _____

Applicants Working Job Title: _____

STATEMENT OF UNDERSTANDING

I understand that access to USTEPS is for my exclusive use and is to be used only in support of my work as an employee of the State of Utah. I understand that this access is controlled by my password. I understand that I am responsible for maintaining the secrecy of my password and for protecting the confidentiality of information accessed in USTEPS in accordance with the State of Utah Department of Human Services Policy on "The Appropriate Use of Information Technology Resources" (DHS References: 6-4 and 6-4A*). I understand that any breach of this policy may result in corrective action. Initial:

USTEPS Access

Access needed for (select those that apply): USTEPS Only USTEPS & Incident Reporting

Reason for Accessing USTEPS: _____

Approval Signatures:

Requestor Signature _____ Date _____

Immediate Supervisor Signature _____ Date _____

Supervisor Name (print) _____

The immediate supervisor will have the responsibility for notifying the Division of Services for People with Disabilities in writing of any changes to worker roles, organizational structure or employment status.

DSPD State Office Signature _____ Date _____

DSPD State Office Name (print) _____

Email to USTEPS@utah.gov or Fax to USTEPS Team (801) 538-4279

For Office Use Only

USTEPS Team Signature _____ Activation Date: _____

Roles Assigned:

USTEPS Team _____ Inactivation Date: _____

*See reference: www.hspolicy.utah.gov 6 – Technology, 6-4 Appropriate IT Use & 6-4A Addendum to Appropriate IT Use.