

**Department of Human Services
Division of Services for People with Disabilities
STATE OF UTAH EMPLOYEE**

USTEPS DATABASE ACCESS REQUEST FORM

(Please Print)

APPLICANT NAME: _____
First Name Middle Initial Last Name

Work Telephone: _____

State of Utah E-mail _____

Employee EIN _____

Agency: _____

Division: _____

Work Office and Address: _____

Applicants Job Title: _____

STATEMENT OF UNDERSTANDING

I understand that access to USTEPS is for my exclusive use and support of my work as an employee of the State of Utah. I understand that this access is controlled by my password. I take responsibility for maintaining the secrecy of my password and for protecting the confidentiality of information in USTEPS in accordance with the State of Utah's "Information Technology Resources Acceptance Use Policy"* and the Department of Human Services "Appropriate Use of Information Technology Resources", DHS Reference: 6-4 and 6-4A*. I understand that any breach of this policy may result in corrective action in accordance with the State Department of Human Resource Management Administrative Rule R477-11*. **Initial:**

USTEPS Database Read Only Access

Reason for Accessing Database: _____

Approval Signatures:

Requestor Signature _____ Date _____

Immediate Supervisor Signature _____ Date _____

Immediate Supervisor Name (print) _____

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 _____ Activation Date: _____

USTEPS Team _____ Inactivation Date: _____

*References: <http://www.hspolicy.utah.gov> Technology 6–Technology, 6-4 Appropriate IT Use & 6-4A Addendum to Appropriate IT Use. State of Utah Acceptable Use Policy @ <http://cio.utah.gov/docs/acceptableusepolicy.pdf>
Human Resources R477.1. Disciplinary Action @ <http://www.rules.utah.gov/publicat/code/r477/r477-011.htm>