



Form 0-4 10/17/2024

Non-DSPD State Employee USTEPS Access Request Form

Applicant Name: First Name Middle Initial Last Name
Applicant's State Department: Division/Agency:
Applicant's Job Title: Work Telephone #:
Applicant's Office Address:
Applicant's Email Address:

STATEMENT OF UNDERSTANDING

I understand access to USTEPS and/or UPI is for my exclusive use as a state employee. I understand access is controlled by my personal ID / Password login credentials in accompaniment with the user roles marked on this form. I understand the login credentials are exclusively for my personal use. I agree to keep my login credentials secure and protected against use or exploitation by anyone else. I agree to secure and protect the confidentiality of USTEPS's / UPI's data in accordance with the policies established by the Utah Department of Health and Human Services.

Initial: [ ]

Requested USTEPS Functionality

USTEPS

[ ] USTEPS (Restricted Access) [ ] USTEPS (Enhanced Access)

UPI

[ ] UPI Access [ ] UPI Financial [ ] UPI Incident Reporting
[ ] UPI Incident Reporting Admin

Approval Signatures

Applicant Signature: Date:
Supervisor Signature: Date:
Supervisor Name (print):

The supervisor is responsible for notifying the Division of Services for People with Disabilities in writing of any changes to the applicant's roles or employment status.

After completing the form, email it to: USTEPS@utah.gov

For Office Use Only

Authorizing DSPD Name Authorizing DSPD Signature Signature Date

USTEPS

[ ] ROLE\_NON\_DSPD
[ ] ROLE\_NON\_DSPD\_ENHANCED

UPI

[ ] Role\_UPI
[ ] Role\_USTEPS\_UPI
[ ] Role\_DSPD\_UPI

UPI Financial

[ ] Role\_Financial
[ ] Role\_1056\_Approval

UPI Incident Reporting

[ ] Role\_IR\_Read\_Only
[ ] Role\_IR\_Admin\_Read
[ ] Role\_IR\_Investigation

UPI IR Admin

[ ] Role\_IR\_Read\_Only [ ] Role\_IR\_Closure [ ] Role\_IR\_Admin\_Team [OL] [ ] Role\_IR\_SC\_Follow\_Up [OL]
[ ] Role\_IR\_Admin\_Read [ ] Role\_IR\_Investigation [ ] Role\_IR\_Create [OL] [ ] Role\_IR\_Investiagion\_Admin

USTEPS Team: Activation Date:
USTEPS Team: Inactivation Date: