

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

Form 0-4
2-23-2016

USTEPS ACCESS REQUEST FORM

(Please Print)

APPLICANT NAME: _____
First Name Middle Initial Last Name

Applicant's State Agency _____ Division / Bureau _____
Applicant's Job Title _____ Work Telephone # _____
Applicant's Office Address _____
Applicant's State Email Address _____

STATEMENT OF UNDERSTANDING

I understand that my access to USTEPS and/or UPI data is to be used only as a function of my work responsibilities as an employee of the State of Utah. I understand that this access is controlled by my user account. I understand that I am responsible for maintaining the secrecy of my password and for protecting the confidentiality of the data 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:

Requested Access

USTEPS UPI Financial UPI Incident Reporting

Approval Signatures:

Applicant Signature _____ Date _____
Immediate Supervisor Signature _____ Date _____
Supervisor Name (print) _____

The immediate supervisor has 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.

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

For Office Use Only

DSPD State Office Signature _____ Date _____
DSPD State Office Name (print) _____

USTEPS

Role_CW

UPI

Role_DSPD_UPI
 Role_USTEPS_UPI

UPI Financial

Role_Financial
 Role_1056_Approval

UPI Incident Reporting

Role_IR_Read_Only
 Role_IR_Admin_Read
 Role_Incident_Reporting

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

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