

Department of Human Services
Division of Services for People with Disabilities
**NON-DSPD STATE OF UTAH EMPLOYEE UPI Incident Report Management
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

- UPI Incident Reporting Management
- UPI Incident Reporting Read Only
- USTEPS

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) _____

UPI UPI Incident Reporting Management UPI Incident Report Read Only

Role_DSPD_UPI

- Role_IR_Admin_Read
- Role_IR_Admin_Team
- Role_IR_Closure
- Role_IR_Create
- Role_IR_Investigation
- Role_IR_Read_Only
- Role_IR_SC_Follow_Up

- Role_IR_Admin_Read
- Role_IR_Investigation
- Role_IR_Read_Only

USTEPS

Role_CW

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.