

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

Form 0-4
7-1-2020

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 UPI Incident Reporting Admin

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

Authorizing DSPD Name	Authorizing DSPD Signature	Signature Date
Authorizing OL Name	Authorizing OL Signature	Signature Date

USTEPS

Role_CW

UPI	UPI Financial	UPI Incident Reporting	UPI Incident Reporting Admin
<input type="checkbox"/> Role_DSPD_UPI	<input type="checkbox"/> Role_Financial	<input type="checkbox"/> Role_IR_Read_Only	<input type="checkbox"/> Role_IR_Read_Only
<input type="checkbox"/> Role_USTEPS_UPI	<input type="checkbox"/> Role_1056_Approval	<input type="checkbox"/> Role_IR_Admin_Read	<input type="checkbox"/> Role_IR_Admin_Team
		<input type="checkbox"/> Role_Incident_Reporting	<input type="checkbox"/> Role_Incident_Reporting
		<input type="checkbox"/>	<input type="checkbox"/> Role_IR_Investigation

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.