

Form 0-4
7/1/2022

Non-DSPD State Employee
USTEPS Access Request Form

APPLICANT NAME: _____
First Name Middle Initial Last Name

Applicant's State Department _____ Division / Bureau / Office _____
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 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 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
_____ Authorizing OL Name	_____ Authorizing OL Signature	_____ Signature Date

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_IR_Investigation

UPI Incident Reporting Admin

Role_IR_Read_Only
 Role_IR_Investigation
 Role_IR_Admin_Read
 Role_IR_Closure
 Role_IR_Admin_Team [OL]
 Role_IR_Create [OL]
 Role_IR_SC_Follow_Up [OL]
 Role_IR_Investigation_Admin [DHHS]

USTEPS Team _____ Activation Date: _____

USTEPS Team _____ Inactivation Date: _____