

Delaware Health and Social Services Division of Management Services

Information Resource Management Biggs Data Center

Supervisor Signature: _____ Date: ____

Biggs Data Center User Authorization Form

Transferring From:	Transferring To:
Department: Division:	Department: Division:
Unit/Section:	Unit/Section:

Date: __

	New Cas	DuPont Highway stle, DE 19720 - 9150 Fax 302- 0					Employee Type:	State X Non-State	FTE Contractor
X User Add	User	Delete	User Update] Temporary	Access Only	Logon ID:	Effective I	Date:
Last Name Title Requester's E-mai Supv's Name (Prir Company Name	nted)				Lo Ph Fa	rst Name poation w/Rm # pone # x # rthday Mainframe A		Access R	
Department OMS MCI – SI MCI – SI (Profile) PMTS CMS HRMS/LT/TAS KRONOS CATS Inventory Helpdesk EBT TSO	A, U, D A, U, D A, U, D Delete A, U, D A, U, D	PH LIMS EDIN ICAT CHCIS NSP (MSDS Web) ISIS Ryan White CAPS AAF CME MES	A, U, D	OLARS OL opl Tracking ourt Cost AS PTS OL/MDS hed Optimizer	A, U, D A, U, D	DPH	A, U, D	☐ State Domain X Citrix Secured Gatewa Access to MSDS web appl ☐ SFTP/Application Dom ☐ Fleet Services ☐ Employee Badge ☐ Supercard ☐ Blackberry	y/Application Domain ication – production only
DSAMH Datamart CIM PMIS SBI Pharmacy	A, U, D A, U, D D A, U, D A, U, D	Laboratory	A, U, D DLTCI IR AA A, U, D CE A, U, D LC A, U, D FA	C AR BC CS	A, U, D A, U, D A, U, D A, U, D A, U, D	☐ CCMIS ☐ ATLANTES ☐ TAP/LTC ☐ OTHER	A, U, D A, U, D A, U, D A, U, D	☐ Air Card # ☐ Cell Phone # ☐ Pager # ☐ 800 # Authorization	Yes / No
☐ DFMS ☐ ☐ JICP ☐	Dover nal Forms Required DOLP [DTI NET [DTI VPN [☐ CCMIS ☐	Inquiry CHCIS \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	WIC	SSL VPN IP Address of Desired Proto Home Addres	col & Port:		
EMPLOYEE STAT directly related to m	TEMENT: I Cer	ilities. I have read a	and agree to adhere	to the State Ne	twork Accepta	ble Use Policy, the D	Department of Health	and Social Services system da Number 03 (E-mail), Nu eement is attached.	
Employee Signar	ture:		D	ate:		ACFM Admin:		Da	te:

Implemented by: ___