



**ALLEGHENY COUNTY
INFORMATION SYSTEMS ACCESS REQUEST
DEPARTMENT OF HUMAN SERVICES**

Action Tracker

**PLEASE SEND COMPLETED FORM TO:
ISAR - USER ACCOUNT MANAGER
DHS-AIMS
HUMAN SERVICES BUILDING, 2ND FLOOR
ONE SMITHFIELD STREET
PITTSBURGH, PA 15222 OR
FAX TO: 412-350-5220**

EMPLOYEE INFORMATION (All information is Required)

Date:	Last 4 Digits of SSN:		
Name:			
Department:			
Phone Number:			
User's Email Address:			
TYPE OF ACCOUNT REQUESTED	New Account <input type="checkbox"/>	Change User Access <input type="checkbox"/>	Close User <input type="checkbox"/>
PROVIDER SUPERVISOR/MANAGER APPROVAL			
Supervisor or Manager	Date:	Phone:	

Abilities

Check appropriate box. If your role is not listed, please enter this information:

- | | |
|---|---|
| <input type="checkbox"/> Department Viewer | <input type="checkbox"/> Division Manager |
| <input type="checkbox"/> Create EAs for your Department | <input type="checkbox"/> Director |
| | <input type="checkbox"/> Other _____ |

If you are backup for someone, please enter their name: _____

IMPORTANT - Read before signing: On-line access will expose the user to highly sensitive and confidential data. By signing below you agree to be bound by the mandated confidentially protection both during and after your employment at this agency, and not to divulge, discuss, disclose, copy or reproduce any confidential information in violation of these protections.

User's Signature: _____

Director Authorization

This section is to be filled out by the director approving your use of Action Tracker

Name:		Title:	Name:
Signature:		Phone Number:	
Approval Date:			

**ALLEGHENY COUNTY
DEPARTMENT OF HUMAN SERVICES
USER ACCOUNT POLICY**

It is the Policy of the Allegheny County Department of Human Services (DHS) that all users must have a unique identifier in order to access the DHS Computer Network or any of the various DHS applications.