



# REQUEST TO ACCESS FIRELANDS COMPUTER RESOURCES

Employee forms will be filed in Human Resources, and all others will be kept in the I.S. Dept.

At a minimum, the bolded items (below) are required for requests from non-FRMC entities.

Name (please print): \_\_\_\_\_

Department # or name: \_\_\_\_\_ Employee Number: \_\_\_\_ \_

Personal ID Number (PIN): \_\_\_\_ \_ Authority Level: \_\_\_\_\_

**NOTE:** Your PIN is used each time your SERIES security code changes every 90 days. Please enter the last 4 digits of your social security number above to be used as your PIN.

Expiration date (required for temporary / agency staff): \_\_\_\_ - \_\_\_\_ - \_\_\_\_ \_

**I understand that:**

1. I have an obligation to use Firelands Regional Health System (FRMC) computer systems in accordance with their intended purpose, and that an overview of the appropriate use of computer systems can be found in the FRMC policy on "Use Of Computer Systems" (#936-009) located in the Administrative Policy Manual.
2. FRMC will not tolerate violation of federal copyright laws, and that copying computer software products (other than as provided under the terms of the software license agreement) is a violation of the law and cause for disciplinary action.
3. Computer security is a critical issue and access codes are highly confidential. I will not share my access code with any other person, and I will take all reasonable precautions to safeguard my code. If I suspect that my code has been observed or learned by another person, I will immediately notify the Information Systems Department so that a new code can be issued. I understand that intentional release of my security code, repeated carelessness which allows others to learn my code, or failure to report a compromised code, will be cause for disciplinary action.
4. I have a responsibility for computer security, confidentiality of information, copyright compliance, and appropriate use of resources, and that any breach, misuse, or abuse will be cause for disciplinary action.
5. FRMC has the right to inspect the content of my workstation(s) and E-mail messages for the purpose of ensuring the appropriate use of FRMC computer resources.

\_\_\_\_\_  
Signature Date

**Manager:**

When this individual is ready to begin productive work, their manager will provide written notification to the appropriate computer security administrator to activate the individual's security code (see "Computer Security Administrators" [#936-011], located in the Information Systems section of the Administrative Policy Manual).

- The manager's written authorization indicates that the individual has met the proficiency requirements for their department, and is authorized to work in a live, production environment.
- This form, with the manager's written authorization attached, will be placed in the individual's personnel file.
- Access to the following **systems / applications** is requested:

Outlook	Internet
ECW	Intranet
MS Office	
Meditech	

\_\_\_\_\_  
Manager's Signature Date

**CEO, CFO, or VP signature:** (required to authorize requests made by non-FRMC entities)

\_\_\_\_\_  
CEO, CFO, or VP Signature Date