

TERMINATE USER



Arizona Department of Transportation Transportation Services Group 206 South Seventeenth Avenue Phoenix, Arizona 85007-3213

Janet Napolitano
Governor

Victor M. Mendez
Director

John A. Bogert
Chief of Staff

Joe Throckmorton
Chief Information Officer

COMPUTER ACCESS REQUEST

Please type, illegible forms will be returned.

User Information:
 New User Position # **ADT-** _____ - _____ Start Date _____ HEAT #: _____
Full Legal Name: **JANE DOE** EIN _____ SSN (last four): **0000**
Office Address: **206 S 17TH AVE** City: **PHOENIX** State: **AZ** Zip: **85007**
Division: _____ ORG: _____ Mail Drop: _____ Phone (**602**) **712-7011**
 Clerical Pool Contractor External Resource Mail Box
 Service Account Summer Intern* Third Party Volunteer*
*Assignment Duration _____
Company Name (required for Third Party & Contractors): **GOOD TIMES, INC**

USER ID CHANGES:
Current RACF ID: **B9000** Electronic Data Retention (Deleted Employees Only):
 Transfer Save Email Save Local Drive
 Termination Date (required): **01/16/2009** Save U Drive None

SELECT REQUESTED ACCESS: (select add, change, or delete from drop down menus)

Advantage	<input type="text" value="NONE"/>	FAST	<input type="text" value="NONE"/>
AIDW - Safety Data Mart	<input type="text" value="DELETE AIDW"/>	HEAT	<input type="text" value="NONE"/>
NCIC Codes: _____		Group _____	
ALISS	<input type="text" value="DELETE ALISS"/>	Internet	<input type="text" value="NONE"/>
Role Options: <input type="text" value="Select Role"/>		MVD Restricted Internet	<input type="checkbox"/> Yes <input type="checkbox"/> No
BTS Printing	<input type="text" value="NONE"/>	PeCos	<input type="text" value="NONE"/>
Control D/ARD	<input type="text" value="NONE"/>	Planview	<input type="text" value="NONE"/>
Same as RACF ID: _____ (Required)		Remote Access	<input type="text" value="NONE"/>
E-Mail *	<input type="text" value="NONE"/>	Title & Reg and Driver's License	<input type="text" value="NONE"/>
MVD Restricted E-Mail	<input type="checkbox"/> Yes <input type="checkbox"/> No	MVD Role: _____	
Encroachment Permits	<input type="text" value="NONE"/>		(Required)

List specific access needed where applicable:

Manager Name: **JOHN CRYER** Phone: **(602) 542-6601** Date: **01/13/09**
Manager Signature: _____ RACF ID: _____

- Submit Computer Access request as follows:
1. Contact the ADOT Support Desk at 602-712-7249
 2. Notify Support Desk of specific access(es) requested
 3. Fax both pages to 602-712-3368