

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SECTION OF ADMINISTRATIVE SERVICES**

**REQUEST FOR NEW ISIS USER ID OR
CHANGES TO EXISTING ISIS USER ID**

TO: ISIS AGENCY SECURITY ADMINISTRATOR

DATE:

RE: **Request for New ISIS User ID**
 Changes to Existing User ID

Employee Name:

Title:

Work Telephone:

E-Mail Address:

The above identified employee will be required to perform the following duties in the ISIS System:

I certify that the attached request for an ISIS User ID is for business purposes only. I have reviewed the request for completeness and correctness and verified that the employee has a segregation of duties and will not be able to enter, approve, receive, and pay. I will review the employee's ISIS User ID access on a regular basis and also at the time of the employee's personnel performance evaluation. I agree that I will process the correct paperwork on a timely basis to ensure accountability of the ISIS system.

Printed Name of Supervisor

Signature of Supervisor

Telephone Number

Date