CSED ACSESS WORKORDER

Todays Date: _____

Date Required: _____

Note: Orders will be processed in the order received and based on departmental priorities. **Allow a minimum of 3 working days**.

REQUEST TYPE:

☐ New Account ☐ Change Existing Account ☐ Delete Account

Print Clearly

Last Name	First Name	M.I.	Email Address	Work Phone

Title (Please write out-do not abbreviate)	Division/Section	City

Name of Supervisor (please print)	Work Phone (Supervisor's)	Supervisors Signature (Important)

Access Type

☐ **CSED Employee** ☐ **CSED Investigator** ☐ **HSS Employee** ☐ **Other (please explain):**

☐ **CSED Contractor** ☐ **LAW Employee** ☐ **HSS Sponsored** (non SOA)

Same Permissions As (CSED only - please include name)**:**

Business Need (Not required for CSED employees)

I have completed all of the documents and training required for ACSESS access. I understand that failiure to submit a complete packet will result in a delay to access being granted.

Employee Signature _____ **Date** _____

Submit completed and signed document to
dor.csed.helpdesk@alaska.gov