

CSED WINSTAR WORKORDER

Today's 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	Mail Stop (CSED Only)							
Name of Supervisor (please print)		Work Phone (Supervisor's)		Supervisors Signature (Important)									
Mainframe ID													
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													

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 and Mainframe ID):

Business Need (Not required for CSED employees)

I have completed all of the documents and training required for WINSTAR 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:
(Email: dor.csed.winstarhelp@alaska.gov)