

CSSD 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:		
<input type="checkbox"/> New Account	<input type="checkbox"/> Change Existing Account	<input type="checkbox"/> 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 (CSSD Only)
Name of Supervisor (please print)	Work Phone (Supervisor's)	Supervisors Signature (Important)		

Mainframe ID	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								

Access Type			
<input type="checkbox"/> CSSD Employee	<input type="checkbox"/> CSSD Investigator	<input type="checkbox"/> HSS Employee	<input type="checkbox"/> Other (please explain):
<input type="checkbox"/> CSSD Contractor	<input type="checkbox"/> LAW Employee	<input type="checkbox"/> HSS Sponsored (non SOA)	
Same Permissions As (CSSD only - please include name and Mainframe ID):			

Business Need	(Not required for CSSD employees)

I have completed all of the documents and training required for WINSTAR access. I understand that failure 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.cssd.winstarhelp@alaska.gov)