Reset

PLEASE TYPE ALL REQUEST FORMS SUBMITTED TO THE HELPDESK

Date of Request: _____

INSYST
ALCOHOL & DRUG (AOD)
AUTHORIZATION REQUEST FORM

Auth./Trng.

Staff Name: _____ Phone: _____
First Middle Last

Email Address: _____

Program Name: 1. _____ RU's: 1. _____
2. _____ 2. _____
3. _____ 3. _____
4. _____ 4. _____

Contact Person: _____ Phone: _____

Approved by: _____
Supervisor/Manager

☐ New ☐ Update
☐ Replace _____
User Name
Make account same as this user:
_____

Please check the level of authorization requested for this staff:

Print reports on this **INSYST** printer.
_____

Level 1 ____ Inquiry Only

Level 3 ____ Basic Entry *of Indirect and Direct Services*

Printer Model _____
(i.e. HP Desk Jet 7550)

Level 6 ____ Clerical Supervisor *includes Level 3 and can change client info., services, late entry, delete client messages*

NOTE: Contract Providers should request at least one person with Level 6 at each site

Comments:

Must be Completed by IS STAFF only

☐ New CBO User: INSYST Training Session Scheduled on: _____
☐ Alcohol & Drug Training Verified ☐ Training Session Completed on _____
☐ Account Created in INSYST: _____ by: _____
Date IS System Support Services

User Name: _____ Printer Queue Name: _____

Reset

SEND FORM TO:

IS System Support Services
2000 Embarcadero Cove, 4th Floor
Oakland, CA 94606
Tel (510) 567-8181 Fax (510) 567-8161
ISHelpDesk@BHCS.MAIL.CO.ALAMEDA.CA.US

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