

Prop 36 Tracking

AUTHORIZATION REQUEST FORM

MUST BE TYPED

	Add- New user	Change	Remove		
Date of Request:					
Request Completed by:	Ph	one NO:			
Provider's Name:	der's Name: RU #:				
Prop 36 User: MUST BE TYPED. UNREADABLE NAMES WILL BE RETURNED					
First	Middle		Last		
Permissions same as (current user' name):					
Please check the level of authorization requested for this staff:					
Level 1 Inquiry					
Level 2 Update					
Level 3 For BHCS IS Support Staff – Sys. Adm.					
Notes:					
Supervisor's Signature:					
INFORMATION SYSTEMS USE ONLY					
Completed By:			Date:		
Username Id:					

SEND FORM TO: HELP DESK

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