

Lucas County Access Request Form

Instructions: Use this form to register new users or to disable or modify current users with access to Lucas County Applications. Contact the LCIS Help Desk 419-213-4037 for questions about registration instructions for each application. Print and complete sections 1-3 below. Forward signed form to LCISHelpDesk@co.lucas.oh.us. **Some program access will require an additional form.** Internet access is required to access the online forms.

EFFECTIVE DATE: _____

Section 1: User Information				
Check one:	New User	Modify User	Disable Access	
First Name	Middle Initial	Last Name	Title/Position	
Department/Agency	Email Address			Work Phone Number
Model access after this user (check boxes below):		Location/Building:		

Section 2: Access To Be Enabled or Disabled		Click on <i>Form Required</i> for a link to the additional forms.		
Check all needed		Check all needed		
Outlook Email - Internet Only Access		Hardware Set Up	Form Required	
Outlook Email - Internet + PC/Laptop Access		Desktop PC		
Internet Access	Form Required	Laptop		
Oracle HCM (Time & Labor)	Form Required	Monitor(s)		
Oracle Cloud Financials	Form Required	Printer		
Oracle Self Service (Paycheck Access)		Scanner		
CivicPlus (Web Site)	Form Required	Tablet		
iasWorld	Form Required			
OnBase	Form Required	Software Installation	Form Required	
TimeOff Access	Form Required	Adobe Acrobat	License Required	
FROGS (Financial Reports)	Form Required	Other		
LCAPPS (Aud/Treas),(FACTS)	Form Required			
VPN	Form Required			
Access to network printer or scanner				
Printer Name/Location:				
Scanner Name/Location:				

Section 3: Employee Acknowledgment & Signature		
A user account will not be created or modified without the Director/Supervisor signature(s). Users are responsible to safeguard their user ID and not to share it with another user. Please allow up to one week for the changes to take effect. Expedited requests will be handled on a case-by-case basis.		
User Signature	Date:	
Employee Manager's Signature		
As the immediate manager, you acknowledge and authorize this security request. The access is granted to the employee based upon their job duties and responsibilities.		
Print Manager Name:	Title:	
Manager Signature	Date:	

Click to PRINT this form, sign and forward to lcishelpdesk@co.lucas.oh.us.