

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:	<input type="checkbox"/> New User	<input type="checkbox"/> Modify User	<input type="checkbox"/> Disable Access
First Name	Middle Initial	Last Name	Title/Position
Department/Agency	Email Address	Work Phone Number	
Model access after current user:		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	
<input type="checkbox"/> Groupwise Email		<input type="checkbox"/> Hardware Set Up	Form Required
<input type="checkbox"/> Internet Access	Form Required	<input type="checkbox"/> Desktop PC	
<input type="checkbox"/> OnBase	Form Required	<input type="checkbox"/> Laptop	
<input type="checkbox"/> PeopleSoft HCM (Time & Labor)	Form Required	<input type="checkbox"/> Monitor(s)	
<input type="checkbox"/> Oracle Cloud Financials	Form Required	<input type="checkbox"/> Printer	
<input type="checkbox"/> Self Service (Paycheck Access)		<input type="checkbox"/> Scanner	
<input type="checkbox"/> CivicPlus (Web Site)	Form Required	<input type="checkbox"/> Tablet	
<input type="checkbox"/> iasWorld	Form Required		
<input type="checkbox"/> Mobility Services (Email on Cell/Tablet)	Form Required	<input type="checkbox"/> Software Installation	Form Required
<input type="checkbox"/> TimeOff Access	Form Required	<input type="checkbox"/> Microsoft Office	<i>License Required</i>
<input type="checkbox"/> FROGS (Financial Reports)	Form Required	<input type="checkbox"/> Adobe Acrobat	<i>License Required</i>
<input type="checkbox"/> LCAPPs (Aud/Treas),(FACTS)	Form Required	<input type="checkbox"/> Other	
<input type="checkbox"/> VPN	Form Required		
<input type="checkbox"/> 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.