



COUNTY OF LOS ANGELES • DEPARTMENT OF PUBLIC HEALTH
PUBLIC HEALTH INFORMATION SYSTEMS
SYSTEM ACCESS REQUEST



PLEASE EMAIL COMPLETED FORM TO
HelpDesk@dhs.lacounty.gov

REQUESTOR INFORMATION

*First Name: _____ *Last Name _____ *E-mail Address _____
 *Emp. #: _____ *Organization: _____ *Work Phone: _____
 Street: _____ City: _____ Zip: _____ Floor: _____ Rm: _____
 *Applicant Status: Permanent Contractor Non-County Worker Computer Name: _____

REQUEST DETAILS

User: <input type="radio"/> Add New User <input type="radio"/> Disable User <input type="radio"/> Update Existing User	System: <input type="radio"/> Create New <input type="radio"/> Delete Existing
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*Application Name:	Read	Write	Delete	*Access Level Required (Describe)	*Effective Date
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Other: Specify					
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Description of Request (If you are requesting directories or subdirectories to be modified, indicate the names. Example; F:\infolshared\new folder name):

*Justification:

SIGNATURES

_____ *Requestor (Print Name)	_____ *Requestor Signature	_____ Date
_____ *Supervisor (Print Name)	_____ *Supervisor Signature	_____ Date