

State of Connecticut
Department of Children and Families
Network/Security Change Request Form

***ACCESS:** **Employee** **Pqp/FEHGo r m{ gg**

Intern	Consultant	Employee of a Different Agency		
New Hire	Going on Leave	Returning from Leave	Employee Left Agency	Job Change
Name Change	Location Change	Security Change	Extension	Information Correction

***Worker (first-mid-last):** ***Location:**
 New Name: New Location:
Start/Renewal/Return Date: **Leave/Termination Date:**
***Employee ID:** ***Date of Birth:**
 Previous State Agency:

Move files to a specified user: User Name:
 OK to delete network files for this person
 Make user same as: User Name:

***LINK:** Access Renewal No Access Retain Current Security Security Change

EMPLOYEE:

***LINK ID:** FTSU/Contracts:
 Case Work: Revenue Enhancement:
 Provider: ACR/USDII:
 Adoption: Facilities:
 Juvenile Justice: Other:
 Mental Health: Confidential Level:

NON-DCF EMPLOYEE: (reason for Other selection)

***LINK ID:** Agency Type:
 Access: Security:
 Case Work: Other:
 Access (reason): Security (reason):
 Confidential Level:

Equipment/Services:

Desktop / PC	iPhone	E-Faxing
Desktop / VDI	Flip Phone	Teams Conference
Tablet	Desk Phone	VPN

Other:

*Supervisor Name:	*Manager Name:
*Supervisor Phone:	* Manager Phone: