

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:	Employee Job Title:
*Employee ID:	Leave/Termination Date:
Previous State Agency:	*Date of Birth:

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	Teams Conference
Desktop / VDI	Flip Phone	VPN
Tablet	Desk Phone	

Other:

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