

COUNTY CMIPS II USER REQUEST FORM DEACTIVATE/REACTIVATE USER

USER INFORMATION

Action to be Taken <input type="checkbox"/> Deactivate <input type="checkbox"/> Reactivate	User's Name: First Name Last Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Effective Date (MM/DD/YYYY)	Authorizing Manager's Name Phone Number ()
Authorizing Manager's Signature	Date

PORTAL (UPDATE USER PROFILE SCREEN)

Action To Be Taken (*Options include: 1) Deactivate user's account; 2) Reactivate user's account; 3) Remove access to certain areas; 4) Restore access to certain areas*)

Deactivate Reactivate Remove Access Restore Access
 Inactive/Lockout (*completed by Security Officer*)

Assign Access Dates (MM/DD/YYYY): Leave blank if no access is to be given

Web Portal	Start Date:	End Date:
Case Management	Start Date:	End Date:
Report Access	Start Date:	End Date:

Assign Portal Roles and Access Date (MM/DD/YYYY): Leave blank if no access is to be given

Query and Sampling Tool	Start Date:	End Date:
Data Retention	Start Date:	End Date:
Security Administrator	Start Date:	End Date:
Security Officer	Start Date:	End Date:
System Generated Password (<i>completed by Security Officer</i>)		

CASE MANAGEMENT (USER HOME/CLOSE USER/REOPEN SCREENS)

Reassign Cases and Identify New Case Owner (Name)	End Date:
Cases Reassigned (<i>completed by Security Officer</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	Reopen Previous Positions <input type="checkbox"/> Yes <input type="checkbox"/> No

REPORTING (FOR USER ACCESS REACTIVATION ONLY)

Security Group	Y/N
CORE	<input type="checkbox"/> Yes <input type="checkbox"/> No
SYSTEM ADMIN	<input type="checkbox"/> Yes <input type="checkbox"/> No
HEALTH BENEFITS MANAGER	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security Officer/Administrator Signature	Date

**INSTRUCTIONS ON FILLING OUT COUNTY CMIPS II USER REQUEST FORM
Deactivate/Reactivate User**

These instructions are to assist a requesting agency in completing the User Request form. Please be sure to complete the form in its entirety. If you need assistance or have questions, please contact the CDSS Adult Programs Systems Unit at (916) 551-1003.

USER INFORMATION

Action To Be Taken – Check appropriate box.

User's Name – Check appropriate box and then enter first and last name of User.

Effective Date (MM/DD/YYYY) – Enter effective date. Month and day must have two digits
(e.g.01/05/2012).

Authorizing Manager's Name – Enter first and last name of Authorizing Manager.

Authorizing Manager's Signature – Enter Authorizing Manager's signature here.

Date – Enter date Authorizing Manager signed form.

PORTAL

Action To Be Taken – Check appropriate box.

Assign Access Dates (MM/DD/YYYY): Leave blank if no access is to be given –
Enter date for each applicable area. If no specific end date is available, it is recommended that
“2099” be used in “End Date” fields.

**Assign Portal Roles and Access Dates (MM/DD/YYYY): Leave blank if no
access is to be given** – Enter date for each applicable area. If no specific
end date is available, it is recommended that “2099” be used in “End Date” fields.

System Generated Password (completed by Security Officer) – For Reactivation Only.
Upon completion of the reactivation, enter the system generated
password assigned to the user.

CASE MANAGEMENT

Reassign Cases and Identify New Case Owner – Before user can be closed, the supervisor must reassign all cases to an active user (*e.g. another caseworker or a Supervisor*). Enter name of the new case owner.

End Date: Enter the End Date (*effective date that the account will be suspended*). Defaults to current date.

Cases Reassigned (*completed by Security Officer*) – Check appropriate box.

Reopen Previous Positions – Check appropriate box.

REPORTING

Check appropriate box for the security group(s) to which the reactivated user needs access. A user can be given access to multiple groups. Contact the CMIPS II Help Desk to request that this user be reactivated in the Reporting area.

Security Officer/Administrator Signature – Enter Security Officer/Administrator's signature.

Date – Enter date Security Officer/Administrator signed form.