

Tennessee Department of Health - Security RACF/ID Network Request for Add/Change/Delete

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Today's Date		Authorized Requester/System Administrator Name		Telephone
Request to:	NOTE: Familiar		Current RACF/ID	Required if "Change" or "Delete"
Is Employee:		Is Employee VIP:	Division:	, in the second
County:		Primarily works AWS: YES	Edison ID: Job Title:	Required for State Employees
	FOR TDH SECURIT	Y USE ONLY: RACF/ID Assigne	ed:	
Employee Na		MI) (Last)	SSN-Last 4 digits	Telephone Number
Email Address: Required if NOT a		Effective Date:		re:
Work Addre	<mark>ss:</mark>			
Employee's N	<mark>/lanager:</mark>	Allotme	ent Code:	
Fiscal Manag	er (if required):	Speed Chart:		
Please estab	lish User Accounts for (Select a	II that apply):		
Active Directory and Email		Active Directory only	RACF/ID only	
JVPN (select Authentication Method below)		Wi-Fi SSO	TNWIC User	
TN3270		VRISM User	EPI Clerical	

ownCloud

Reflections Gateway Server (EPI)

For JVPN accounts, please select an Authentication Method: Smart Phone App or Grid Card If applicable, select TEMPLATE to be used for RACF/ID access:

EPI Clinical

All Others (Specify below)

Details or special instructions. Specify context of group and access level. List groups for AD, TN3270, etc. (drive access levels):

SharePoint

Email Only

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