**WIC Employee Security Access Form**

**State Agency Staff: EMAIL completed form to the CQuest Helpdesk**

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| [ ]  **New Employee** [ ]  **Current Employee - Change access** [ ]  **Terminated - Remove access(Leave clinic assignment)****Name of Employee:**        \_\_\_\_\_\_\_\_\_\_\_\_\_  ***First MI Last*** |
| **Employed by WIC before:** [ ] Yes [ ]  No |
| **Other Name(s) Used (Maiden or previous married name)**        |
| **Clinic/Agency Name:**  **Clinic/Agency Name:**  **Clinic/Agency Name:**       **Clinic/Agency Name:**        | **Work Phone:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­**Job Title:**        |
| **For ITCA, please mark security role requested here:**[ ]  BF Peer Counselor [ ]  CNW [ ]  Nutritionist[ ]  Clerk [ ]  Contract RD [ ]  Supervising CNW[ ]  Clerk Plus [ ]  Full Access [ ]  Temp Clerk | **ITCA Applications Requested:**[ ]  Client Services[ ]  Local Vendor |
| **For Kansas, please mark security role requested here:**[ ]  BF Peer Counselor [ ]  KWIC Administrator [ ]  RN[ ]  Clerk [ ]  RD[ ]  Full Access [ ]  Receptionist | **KS Applications Requested:**[ ]  Client Services[ ]  Local Vendor |
| **For New Hampshire, please mark security role requested here:**[ ]  BF Peer Counselor [ ]  Limited Access [ ]  Full Access |  |
| Name of Supervisor: Phone: Email of Supervisor: Name of State Agency staff submitting request:  |
| **Additional Notes:**                |
| **CQuest action taken: (filled out by CQuest staff)**Logon ID:       Date Completed:       Date information emailed to Supervisor:        |