**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: | | | |