



ADMINISTRATOR ACCOUNT ACCESS REQUEST FORM

Send Your Completed Form via Fax, Email or Mail:

Fax To: 312-534-5345
Email To: HR@archchicago.org
Mail To: P.O. Box 1979, Chicago, IL 60690 Atten: HR



Required Information: In order to receive Administrator access, you must complete the below and provide it to the Human Resources department. Once it is received, your request will be reviewed and you will be sent login credentials shortly after it has been approved.

1. Location Name*

2. Name of Person Making this Request ("Requestor")
 First _____ MI _____ Last _____

3. Telephone & Email of Requestor
 Phone _____ Email _____

4. Name of New Administrator*
 First _____ MI _____ Last _____

5. Telephone and Email for New Administrator
 Phone _____ Email _____

6. Date of Birth for New Administrator (mm/dd/yyyy)*
 DOB * _____

7. Work Contact Information
 Address Line 1 * _____
 City/State * _____
 Zip Code * _____
 Work Phone * _____ Ext: _____
 Mobile Phone: _____ Ext: _____
 Facsimile: _____
 Work e-mail: * _____

Office Use Only

Verification

Employer _____
 Date/Time _____
 Contact _____
 Phone _____

Access

Administrator Locations Rights

Location #1 _____
 Location #2 _____
 Location #3 _____
 Location #4 _____
 Location #5 _____

Authorized Signature

By _____
 Date/Time _____

Acknowledgment:

I acknowledge that during the course of performing my assigned duties on MyEnroll.com, I may have access to, use, or disclose employees' confidential health and/or personal information. I hereby agree to handle such information in a confidential manner at all times during and after my employment and commit to the following obligations: A. I will use and disclose confidential personal, financial or health information only in connection with and for the purpose of performing my assigned duties. B. I will request, obtain or communicate confidential personal, financial or health information only as necessary to perform my assigned duties and shall refrain from requesting, obtaining or communicating more confidential personal, financial or health information than is necessary to accomplish my assigned duties C. I will take reasonable care to properly secure confidential personal, financial & health information on my computer and will take steps to ensure that others cannot view or access such information. When I am away from my workstation or when my tasks are completed, I will log off my computer or use a password-protected screensaver in order to prevent access by unauthorized users. D. I will not disclose my personal password(s) to anyone without the express written permission of my department head or record or post it in an accessible location and will refrain from performing any tasks using another's password. E. I will immediately report any unauthorized use or disclosure of confidential personal, financial or health information that I become aware of to the appropriate supervisor using the reporting procedure provided by the Archdiocese of Chicago.

Signature: _____ **Date:** _____