Saskatoon Health Region

Information Technology Services
SHR User Account Application/Termination
Revision number 2.3

Instructions: *(to be completed by employee's manager or designate only)*

1. Please submit the signed, original copy of this form with a **minimum of 5 working days notice** to the location at the bottom of this page.
2. **New accounts for employees hired before April 27, 2009 will require a signed SHR Confidentiality Agreement.**
3. This form, the SHR User Account Policy, the SHR Confidentiality Agreement and additional information is available on the SHR website at: http://infonet.sktnhr.ca/its/

Employee Information:

First Name	Last Name	Department (include sub-dept if applicable)
		College of Medicine

Job Title	Site	Work Phone Number
Clerk	Saskatoon	

Activation:

1. What is the required activation date for the account?
   August 5, 2025

2. Has the employee *transferred* from another SHR or U of S department?

   ☐ Yes   ☒ No

   If Yes, which dept:

   Is the transfer temporary? If Yes, state return date:

   ☐ Yes   ☐ No   Return Date:

3. Will the *employee* continue to work in any other SHR or U of S department(s)? Please list: N/A

4. Does the *employee* require E-mail access?

   ☒ Yes   ☐ No

   If Yes: ☒ **Personal Account** and/or ☐ **Resource Account**

   If Resource Account, please state the name of the account:

   *Note: if access to only a resource calendar is needed, please contact the calendar administrator from your department to grant access.

5. If the *employee* requires access to a shared folder, provide the folder location and whether 'Read' or 'Change' access is required.

6. Does the *employee* require access to any applications/systems?

   ☒ Yes   ☐ No

   Applications/systems required:
   PACS, SCM, Forms on Demand

7. Remote access required via DUO access. Student cell phone numbers will be provided.

Authorization:

Manager Name: Tami Golding

Send completed form through authorizing manager's email to its.security@saskatoonhealthregion.ca.

Note: Physical signature is no longer required. Paper and Faxes are no longer accepted.

Termination/Transfer:

1. Is the *employee* transferring to another SHR or U of S department? ☐ Yes ☐ No

   If **Yes**, which dept:

2. Remove S: folder access: ☐ Yes ☐ No

   If **Yes,** list folders:

3. Last day of work: May 1, 2027

Authorization:

Manager Name: Tami Golding

Send completed form through authorizing manager's email to its.security@saskatoonhealthregion.ca.

Important Change – Electronic Forms are only accepted
Send completed form through signing Manager email to its.security@saskatoonhealthregion.ca.
This change is affected March 16, 2012. No paper or fax will be accepted after this date.

For Information Technology Services use only:

Signed original received on: _____

Created by: _____   Date: _____
Updated by: _____   Date: _____
Changes made: