

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.sktshr.ca/its/>

Resident/Clerk/Physician Information:

First Name	Last Name	Department (include sub-dept if applicable)
Job Title	Site	Work Phone Number

Activation:

1. What is the required activation date for the account?
4. If the *employee* requires access to a shared folder, provide the folder location and whether 'Read' or 'Change' access is required. N/A

Has the employee *transferred* from another SHR or U of S department? Yes No

5. Does the *employee* require access to any applications/systems? Yes No

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

Applications/systems required:

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

Yes f Yes: Personal Account

PACS

SCM

Webmail Access

Forms on Demand

(fod_user_enduser_physician_group)

Termination/Transfer:

1. Is the *employee* transferring to another SHR or U of S department? N/A
2. Remove S: folder access: N/A
3. Last day of work:

Authorization

Designated Approvers/Signature:

Shari Smith (med.electives@usask.ca) _____

Tami Golding (tami.golding@usask.ca) _____

Kailey Friesen (visiting.electives@usask.ca) Kailey Friesen

Important Change – Electronic Forms are only accepted

Send completed form through signing Manager email to servicedesk@ehealthsask.ca