

## Workforce Member Documentation of IT System Access

This document is used by Managers to track individual workforce<sup>1</sup> member’s access privileges and the corresponding contacts for termination of those privileges upon separation or transfer. Access privileges are authorized by the workforce member’s manager and are authorized as required to perform their job duties based on minimum necessary and least privilege. This form is completed by the manager upon commencement of the individual’s affiliation and updated as the individual’s access to systems change. It is UW Medicine standard practice to maintain this form in the individual’s departmental personnel folder where the individual’s job description and evaluations are maintained.

Per [COMP.102 Section IV, Access Management](#), Managers of the workforce members must promptly report all significant changes in end-user duties or employment status to IT Services User Access Administration and any departmental system administrators in order to keep system privileges up-to-date and restricted to current job requirements. Examples of reportable changes include promotion, extended leave and separation and maintain documentation of user privileges for the workforce under their supervision.

**INSTRUCTIONS:**

- Fill in information for each individual.
- Enter each IT System the workforce member is authorized to access. (For ease of use, most of the primary systems are listed below.)
- If unique privileges are added, specify any detail needed. (Example: name of the supplemental email account)
- Use the blank rows to add any systems or domains that are department specific or not listed below.
- When the workforce member separates or transfers the manager must request that access to these systems be modified or disabled.

<b>Employee Name:</b>		<b>Date:</b>	
<b>Entity:</b>		<b>EID:</b>	
<b>Phone:</b>		<b>Email:</b>	
<b>Job Title:</b>			
<b>Manager Name:</b>			

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<sup>1</sup> Faculty, employees, students, trainees, volunteers, and other persons who perform work for UW Medicine, and whose work conduct is under UW Medicine’s direct control regardless of whether or not the workforce member is paid by UW Medicine.

# UW Medicine

<input checked="" type="checkbox"/>	SYSTEM NAME	SYSTEM CONTACT
<input type="checkbox"/> Yes	AMC (UW Medicine AMC Domain/Active Directory)	<a href="https://services.uwmedicine.org/">https://services.uwmedicine.org/</a>
<input type="checkbox"/> Yes	MINDscape	<a href="https://services.uwmedicine.org/">https://services.uwmedicine.org/</a>
<input type="checkbox"/> Yes	ORCA	<a href="https://services.uwmedicine.org/">https://services.uwmedicine.org/</a>
<input type="checkbox"/> Yes	UW NetID (Email Account)	<a href="mailto:help@uw.edu">help@uw.edu</a> , (206) 221-5000
<input type="checkbox"/> Yes	HMC EPIC	<p>Activation: <a href="https://services.uwmedicine.org/">https://services.uwmedicine.org/</a></p> <p>For specific access privileges within EPIC, please contact your Facility Coordinator to have specific access rights assigned and complete this form: <a href="https://services.uwmedicine.org/oip/form/newAccount.jsp">https://services.uwmedicine.org/oip/form/newAccount.jsp</a>.</p> <p>Deactivation: <a href="https://services.uwmedicine.org/">https://services.uwmedicine.org/</a></p>
<input type="checkbox"/> Yes	NWH Email	NWH employee access must be requested by HR or Manager via NWH Helpdesk ticket through GEMS Web, <a href="mailto:helpdesk@nwhsea.org">helpdesk@nwhsea.org</a> or (206) 368-1605.
<input type="checkbox"/> Yes	NWH Extranet /Network	UW workforce members must be sponsored by a NWH Manager and complete the UW Medicine Employee Manager Authorization Form found on the NWH Intranet at: <a href="http://nwhweb/hr/docs/UW%20Medicine%20Manager%20Authorization%20Form%20final.pdf">http://nwhweb/hr/docs/UW%20Medicine%20Manager%20Authorization%20Form%20final.pdf</a> .
<input type="checkbox"/> Yes	NWH Allscripts AEHR	
<input type="checkbox"/> Yes	NWH EPIC	
<input type="checkbox"/> Yes	NWH e-HIM / Soarian	
<input type="checkbox"/> Yes	VMC Extranet	
<input type="checkbox"/> Yes	VMC EPIC	For further assistance, please contact <a href="mailto:AccessRequest@valleymed.org">AccessRequest@valleymed.org</a> .
<input type="checkbox"/> Yes	VMC Chartmaxx	
<input type="checkbox"/> Yes	UWMC EPIC	<p>Activation: <a href="https://services.uwmedicine.org/">https://services.uwmedicine.org/</a></p> <p>For specific access privileges within EPIC, please contact your Facility Coordinator to have specific access rights assigned and complete this form: <a href="https://catalyst.uw.edu/webq/survey/uwmcepic/130170/">https://catalyst.uw.edu/webq/survey/uwmcepic/130170/</a>.</p> <p>Deactivation: <a href="https://services.uwmedicine.org/">https://services.uwmedicine.org/</a></p>
<input type="checkbox"/> Yes	UWNC EPIC	<p><a href="https://services.uwmedicine.org/">https://services.uwmedicine.org/</a></p> <p>For specific access privileges within EPIC, please contact your Facility Coordinator to have specific access rights assigned.</p>
<input type="checkbox"/> Yes	UWP EPIC	<p><a href="https://services.uwmedicine.org/">https://services.uwmedicine.org/</a></p> <p>For specific access privileges within EPIC, please contact your Facility Coordinator to have specific access rights assigned.</p>
<input type="checkbox"/> Yes	Airlift Northwest Domain	Airlift NW Deactivation Form, Nancy Stodden/Michael Bishop, Airlift NW (206) 965-1925
<input type="checkbox"/> Yes	Airlift Northwest Exchange Server	Airlift NW Deactivation Form, Nancy Stodden/Michael Bishop, Airlift NW (206) 965-1925

# UW Medicine

☑	SYSTEM NAME	SYSTEM CONTACT
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Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_