

ON-LINE USERID REQUEST FORM

(Please Type or Print)

USER INFORMATION

Name (Last, First, Middle Initial):

Job Title:

Agency: LSU Health Sciences Center - Shreveport

Office Name
& Address:

Office Contact Person:

Office Telephone No.: ()

TYPE OF REQUEST

UserID Type: DHHR

DHHR Transaction Needed: MSDM

Delete on-line UserID Number:

Effective Date:

COMPUTER USER AGREEMENT

1. Users shall not obtain information from the DSS computer for purposes of that official business
2. Users shall not share any information that is obtained from the DSS computer, except in the official performance of their duties with the agency co-workers, without official authorization.
3. Users shall not remove DHH information containing confidential data (computer print-outs, etc.) From the workplace without official authorization.
4. Each user is responsible for selecting a computer password based on the password guidelines provided.
5. Users must log on and establish their password within 15 days after userid creation or it will be revoked.
6. Userids not used in a nine month period will be deleted from the system. Users who have only occasional need for their userids can keep them current by logging on briefly at regular intervals.
7. Each user is responsible for the confidentiality of his or her computer password. At no time shall a user assign on any terminal for use by someone else. Terminals must be assigned off immediately when not in use.
8. Each user is responsible for all computer activity logged against his/her userid, regardless of who input the transaction.
9. If the user has any reason to believe his/her password has been compromised, a new password shall be selected immediately.
10. Users agree to immediately report to their supervisor and/or the Information Services Section any information they become aware of regarding unlawful or fraudulent activities concerning department data.
11. Any questions regarding this agreement may be directed to the Information Services Security Section at 225-342-4177, 342-0811.

USER STATEMENT

I certify that I have read, and understand, the computer security policy for DSS computer users and have received a copy of the password guidelines. I agree to abide by this policy and understand that non-compliance with any part of the policy may constitute grounds for any action listed below to be administered by the Louisiana Department of Social Services:

- | | |
|----------------------------|--------------------------------------|
| (1) Written reprimand | (4) Involuntary Demotion |
| (2) Suspension without pay | (5) Dismissal |
| (3) Reduction in pay | (6) Recommended criminal prosecution |

Signature:

Date:

SUPERVISOR STATEMENT

I do hereby certify that I have discussed this agreement with the above named user and answered any questions pertaining to the agreement.

Signature:

Date:

DSS APPROVAL

Userid:

Date:

Security Officer:

**COMPLETE THIS FORM FOR ALL DSS COMPUTER USERS REQUESTING ACCESS TO ANY DSS COMPUTER SYSTEM.
SEND THE ORIGINAL TO: DSS INFORMATION SERVICES, SECURITY SECTION, 755 THIRD ST., RM. 410, BATON ROUGE, LA 70802 OR
POST OFFICE BOX 3957, BATON ROUGE, LA 70821
OR FAX THIS FORM TO: CLEMMER FISHER @ 225-342-8635**