LSUHSC-Shreveport
Radiology Department
Proc. 19.10.4a

MULTI-ACCESS **UPDATE EMPLOYEE MASTER FILE**

ACTION **Add, Delete, Revise**	**EMPLOYEE LAST NAME**	**EMPLOYEE MIDDLE/MAIDEN NAME**	**EMPLOYEE FIRST NAME**	**JOB TITLE**

New employee information **MUST** be provided **at least 3 business days prior to access**.

AUTHORIZED BY: _____ DATE: ____/____/____

EFFECTIVE DATE: ____/____/____

This space for Multi-ACCESS Personnel

Updated Multi-ACCESS username: ____/____/____

Updater's Signature: _____