

### SYSTEM REQUEST FORM

**ADD NEW USER**

**CHANGE/UPDATE**

**DEACTIVATE MED ID:** \_\_\_\_\_

SELECT ONE: KECK/NORRIS Hospital ID Badge  VHH  KSOM  USC CARE

Legal First Name		Middle Initial	Last Name	
Date of Birth	Department Number		Dept. Name	
PIN (Last 4 Digits of SSN)	Office Phone	Job Title /Job Code (required for Kronos)		Start Date (date of orientation)
USC Employee Email		Alternate/Personal Email		

EMPLOYEE TYPE (PLEASE SELECT ONE)		
EMPLOYEE	CONTRACTOR (FORM 01 REQUIRED)	VENDOR (FORM 0V REQUIRED)
STUDENT		University Clinical Faculty/Staff

NETWORK RESOURCES			
OUTLOOK EMAIL & DISTRIBUTION LISTS: DL-VHH-Management Team Other DL or Mailbox	DL-HOSPITALS-OPS COUNCIL DL-HOSPITAL-LEADERSHIP	DL-HOSPITAL DIRECTORS DL-VHH-LEADERSHIP New Mailbox	DL-USC-AMBULATORY SERVICES Security Groups: _____
<input type="checkbox"/> REMOTE DESKTOP ACCESS	SHARED DRIVE (INCLUDE FULL PATH):		

ADDITIONAL APPLICATIONS			
PLEASE CHECK THE APPROPRIATE APPLICATION BELOW. IF ADDITIONAL FORMS ARE REQUIRED THEY WILL BE LISTED UNDER THE SECURITY FORM COLUMN.			
APPLICATION NAME	SECURITY FORM REQUIRED	TENET SYSTEMS	
3M Application	Form 40	PBAR	ON-DEMAND WEB
CAFE		VI WEB	SHOWCASE
CERNER Bridge	FORM 21	S2K	
Imprivata (Single Sign On)		Daily Productivity	QLIKVIEW (ALLSCRIPTS)
LAWSON	FORM 25	App OnCore CTMS	InTouch
PHARMACY APPS (KECK/NORRIS)	FORM 12	True Iris	
IMAGING - General (Synapse PACS, Synapse CV, Epiphany)		True2	
Synapse CV (Advanced)	FORM 35	GetWellNetwork	
Provation (GI and Pulmonary Software)		VHH SPECIFIC APPLICATIONS	
OPTILINK PLUS	FORM 30	AS400	PYXIS-VHH
Passport OnceSource	FORM 32	Glucostabilizer-VHH	
Glucostabilizer			
Montage <small>only: Radiologists (attending, Res, Fellows)</small>	KRONOS	HOSPITAL BADGE FORM	VENDOR: _____ COST CENTER: _____ Job Code _____
KRONOS ADMINISTRATIVE TIME KEEPING (SELECT ONE) : APPROVER EDITOR			
KRONOS SCHEDULER	SHIFT: DAY NIGHT	STATUS: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PER DIEM	
	SHIFT LENGTH: 12HR 10HR	POSITION: <input type="checkbox"/> CN <input type="checkbox"/> RELIEF CN <input type="checkbox"/> STAFF	
PRIMARY JOB (RN, PCT ETC): HOME LOCATION (4N, 8E ETC):	Reporting Manager:		
Health Stream	Patient Keeper	QlikView (Other)	
Existing Right Fax	New Dept Right Fax	Name or Number	

SUPERVISOR NAME SIGNATURE DATE

If you have any questions related to completing this form, please contact the Keck IT Service Desk at 323 442-4444. After you have completed this form and have obtained the required signature, please scan and email the form to [servicedesk@med.usc.edu](mailto:servicedesk@med.usc.edu) or fax to (323) 442-8711.