Rehoboth
McKinley
Christian Health Services

Employee Computer Access Form

This form is to be completed by the Department Supervisor for each employee who will be required to use Meditech or Meditech-related systems as part of his or her job. The completed form must be submitted with the employee's initial hire Personnel Action Form to Human Resources.

Employee Name: _____ _____ ____
Last First MI

Department/Location: _____

Meditech Access Needed:

(If you have existing Meditech users in your department, just fill in the A section below and skip the B section. If you do not have any existing users, or you need a user created that has a different profile from other users and you know the module(s) and desktop(s) needed, fill in the B section. If you do not know the Meditech module(s) or desktop(s) needed, contact the MIS department Help Desk and someone will assist you in completing the form.)

A. Existing user to copy Meditech profile from: _____

B. Meditech Applications:

Application Module(s) (3 characters)	Desktop(s) (up to 30 characters)

Use back if needed for more modules

C. Is employee an Agency, Locum or Non-staff user (e.g., GIMC, Cancer Center?) Y / N
If Yes, what organization does he/she work for?_____

D. Are Microsoft Office Applications Needed? (Word, Excel, etc.) _____ _____
(Yes) (No)

E. Is Email needed? Note that the organization pays a subscription fee for each user, so if it is not necessary, choose No. _____ _____
(Yes) (No)

F. Please list any additional software applications this user might need:

G. Comments:

Supervisor Approval: _____ _____ ____/____/____
Print name Signature Date

Phone ext. _____

For IT Use Only: Completed By Date:

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