



Prop 36 Tracking

AUTHORIZATION REQUEST FORM

MUST BE TYPED

Add- New user	Change	Remove
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Date of Request: _____	
Request Completed by: _____	Phone NO: _____
Provider's Name: _____	RU #: _____

Prop 36 User: <u>MUST BE TYPED. UNREADABLE NAMES WILL BE RETURNED</u>		
_____	_____	_____
First	Middle	Last
Permissions same as (current user' name): _____		
Please check the level of authorization requested for this staff:		
Level 1 <input type="checkbox"/> Inquiry		
Level 2 <input type="checkbox"/> Update		
Level 3 <input type="checkbox"/> For BHCS IS Support Staff – Sys. Adm.		
Notes: _____		

Supervisor's Signature: _____		

INFORMATION SYSTEMS USE ONLY	
Completed By: _____	Date: _____
Username Id: _____	

SEND FORM TO: HELP DESK
 2000 Embarcadero Cove, 4th Floor
 Oakland, CA 94606
 Tel (510) 567-8181 Fax (510) 567-8161

¹g: is document/system support documents