

EmployNV

INDIVIDUAL STAFF SECURITY INFORMATION – WIOA PARTNER

ACCESS AUTHORIZATION (Please type or print legibly and complete all information that is in bold letters)

Date: _____ New Update Termination (*Complete information in box below*)

1) **Name:** _____
First Name Initial Last Name

2) **E-Mail** (mandatory): _____

3) **Job Title:** _____

4) **Job Duties** (Tasks requiring EmployNV): _____

5) **Privilege Group** (Choose one): View-Only WIOA Case Manager LWDB Admin

6) **Fundable Case Manager:** Yes No If yes, funding type: Adult Dislocated Worker Youth

7) **Department/Primary Office:** _____

Address: _____

Phone: (____) _____ **Fax:** (____) _____

Alternate Office: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

Alternate Office: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

8) **Manager/Supervisor Name & Title:** _____

Manager/Supervisor Email: _____

9) **Manager/Supervisor Signature:** _____

Name/Title: _____

**A supervisor must sign and date the EmployNV Individual Staff Security Form (ISS).*

The signatory is the **direct supervisor (or higher) of State of Nevada personnel requesting access to EmployNV.*

**An Individual Confidentiality Agreement (ICA) form must accompany New Access requests, and Annual Update forms.*

ACCESS TERMINATION

Termination Date: _____ **Manager/Supervisor Signature:** _____

Termination Notice must be completed immediately upon Employee's resignation, termination or transfer date.

Email notice of termination is a **MUST**. Submit to: detrwia@nvdetr.org