Nevada JobConnect Operating System (NJCOS)

INDIVIDUAL STAFF SECURITY INFORMATION - LWDB

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

Date: _____ New Update Termination (complete information below)

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

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

3) **Job Title**: _____

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

Security Group: (choose ONE)

Intake / Orientation	☐	Employment Specialist I	☐	Manager / Supervisor	☐
Case Manager	☐	Employment Specialist II	☐	View Only	☐

Access to Reporting Systems: LWIAMR ☐ **(Requires written explanation from Manager)**

5) **Primary Office**: _____
Address: _____
Telephone: (_____) _____ **Fax**: (_____) _____

Secondary Office: _____
Address: _____
Telephone: (_____) _____ Fax: (_____) _____

Secondary Office: _____
Address: _____
Telephone: (_____) _____ Fax: (_____) _____

6) **Department/Office Name**: _____
Address: _____
Telephone: (_____) _____ **Fax**: (_____) _____

7) **Manager/Supervisor Name & Title:** _____
Manager/Supervisor e-mail: _____

8) **Manager/Supervisor Signature**:_____ **Date:** _____
Name/Title: _____

** A supervisor must sign and date the NJCOS Individual Staff Security Information form (ISS).*
** The signatory is the **direct supervisor (or higher) and form must be counter signed by Local Board Staff**.*
** An Individual Confidentiality Agreement (ICA) form must accompany New Access Requests.*

ACCESS TERMINATION

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

Termination Notice must be completed immediately upon Employee's resignation, termination or transfer date.
Fax copy or email notice of termination is acceptable to terminate user account.