

# EmployNV

## INDIVIDUAL STAFF SECURITY INFORMATION – WIOA

**ACCESS AUTORIZATION** (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 EmployNV): \_\_\_\_\_

5) **Privilege Group** (Choose one):

WIOA Case Manager

LWDB Admin

6) **Department/Primary Office:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

Alternate Office: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Alternate Office: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

7) **Manager/Supervisor Name & Title:** \_\_\_\_\_

**Manager/Supervisor Email:** \_\_\_\_\_

8) **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@nvdestr.org](mailto:detrwia@nvdestr.org)