EmployNV

WFC---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) **SARA Access**: Must be a Case Manager for this Access (see below) □ Yes □ No

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

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

Address: _____

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

Alternate Office: _____

Address: _____

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

Alternate Office: _____

Address: _____

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

9) **Manager/Supervisor Name & Title:**_____
Manager/Supervisor Email: _____

10) **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: support@snvwc.org