



New User Form

First and Last Name:

Agency Address:

Employee Email Address (leave blank if no email address is assigned):

Hierarchy:

Additional Hierarchy:

Job Title:

Hire Date:

Program Type (Admin, Day, Health Services, PCS, Res, TCM):

Employment Type (FT, Intern, PT):

Please mark if applicable:

☐ Agency Transfer - This individual has previously works for another Sedgwick County IDD provider.

☐ Supervisor - This option will give access to report management and the individual will be able to run reports on all users within the hierarchy. **Must supply an email address.**

☐ Warning Email Recipient - **This can only be assigned to 1 supervisor per hierarchy.** This person will receive warning emails regarding coursework pertaining to all users within the hierarchy.

New user requests will be processed by end of business each **Thursday**.

Submit

Office Use Only

Username:

Password:

Date Entered: