# New User Form

First and Last Name:

Agency Name:

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

Department/Program Name:

Official Position Title:

Hire Date:

Program Type:

Employment Type:

Responsible for Intake or Admission?

## Please mark if applicable:

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

Previous employer:

Other names used:

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

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

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

Submit

**Office Use Only**

**Username:**

**Password:**

**Date Entered:**

Revised: 11/03/2026