



## Travel DSP

310 East 4<sup>th</sup> Avenue  
Boulder MT 59632  
Jefferson County  
(406) 225-4411

### Building Access Card Authorization

This form is used to request access to the State of Montana DPHHS Buildings and UKG time keeping and attendance system. By filling out this form you understand that access is allowed for six months.

#### Employee Requiring Access \*PRINT CLEARLY\*

Logon ID (C# if known): \_\_\_\_\_

Legal First Name: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

#### Worked with Intensive Behavior Center or Department of Public Health and Human Services Before?

Yes

No

#### Photo Request

Send head-shot photo to: [onboardingIBC@mt.gov](mailto:onboardingIBC@mt.gov)

**Subject Line:** *photo: LAST name, FIRST name*

#### Acknowledgement and Responsibility Agreement

I understand that it is my responsibility to inform the DPHHS / IBC immediately when this access is no longer needed.

Email this form to [onboardingIBC@mt.gov](mailto:onboardingIBC@mt.gov)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Office Use Only

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DPHHS Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

Form and photo to: [hhshumanresources@mt.gov](mailto:hhshumanresources@mt.gov)