



## Travel DSP

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

### System & File Access Request

This form is used to request access to the State of Montana DPHHS network and/or applications. By filling out this form you understand that access is allowed for six months.

#### What type of access are you requesting?

New  Additional

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

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

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

Legal Middle Name: \_\_\_\_\_

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

Date of Birth (MM-DD-YYYY): \_\_\_\_\_

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

Yes  No

#### Requested Access Information

Start Date (MM-DD-YYYY): \_\_\_\_\_

End Date (*If Applicable*) (MM-DD-YYYY): \_\_\_\_\_

#### Acknowledgement and Responsibility Agreement

I understand that it is my responsibility to inform the DPHHS Network Security Unit immediately when this access is no longer needed.

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

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

#### Office Use Only

System & File Accesses: Travel DSP

Give a brief justification as to why access is needed: Travel DSP

Home/All Catalogs/HHS Service Catalog/Accounts and Access/Non-DPHHS Employee System & File Access Request