

# CalJOBS<sup>SM</sup> System Access Request Form

## Request Type

Does the staff currently have or has ever had a CalJOBS staff account?

If yes, CalJOBS username:

Indicate the action needed for this staff account:

If inactivating, provide date and time to inactivate account: (last date/time access is needed)

## Staff Information

Organization Type:

If Other, provide description:

Subgrantee Code<sup>1</sup>:

ARU<sup>2</sup>:

First Name:

Last Name:

Agency Name:

Job Title:

Office Zip Code:

Phone Number:

Email<sup>3</sup>:

## Primary Office Information

Local Workforce Development Area Region:

Default Office:

Other Office Locations:

Does the staff need supervisor level access to the offices above?

Additional access needed (select all that apply):

DVOP

LVER

TAA

ETPL

DOC (REO Corrections)

NFJP

## Data Security Requirements

Staff has a business need for CalJOBS access?      Yes      No

*Employee or Contractor Confidentiality Agreement* Signed:      Yes      No      Most Recent Date:

Information Security and Privacy Awareness Training (or equivalent) Completed:      Yes      No  
Most Recent Date:

## Requestor Information

Name:      Job Title:

Email:      Phone Number:

Signature:      Date:

## Account Creator

Name:      Job Title:

Signature:      Date:

**Return completed and signed form to CalJOBS System Access Coordinator**

<sup>1</sup> Only applies to Local Workforce Development Area and Community-based Organization staff.

<sup>2</sup> Only applies to Workforce Services Branch staff.

<sup>3</sup> Email must be an organization-provided email (no personal email addresses allowed).