

**Department of Human Services  
Division of Services for People with Disabilities  
STATE OF UTAH EMPLOYEE**



**READ ONLY DATABASE ACCESS REQUEST FORM**

*(Please Print)*

APPLICANT NAME: \_\_\_\_\_  
*First Name Middle Initial Last Name*

Work Telephone: \_\_\_\_\_

State of Utah Email \_\_\_\_\_

Employee EIN \_\_\_\_\_

Agency: \_\_\_\_\_

Division: \_\_\_\_\_

Work Office and Address: \_\_\_\_\_

Applicants Job Title: \_\_\_\_\_

**STATEMENT OF UNDERSTANDING**

I understand that access to USTEPS is for my exclusive use and support of my work as an employee of the State of Utah. I understand that this access is controlled by my password. I take responsibility for maintaining the secrecy of my password and for protecting the confidentiality of information in USTEPS in accordance with the State of Utah's "Information Technology Resources Acceptance Use Policy"\* and the Department of Human Services "Appropriate Use of Information Technology Resources", DHS Reference: 06-04\*. I understand that any breach of this policy may result in corrective action in accordance with the State Department of Human Resource Management Administrative Rule R477-11.

**Initial:**

**USTEPS Database Read Only Access**

Reason for Accessing Database: \_\_\_\_\_

**Approval Signatures:**

Requestor Signature \_\_\_\_\_ Date \_\_\_\_\_

Immediate Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Name (print) \_\_\_\_\_

DSPD State Office Signature \_\_\_\_\_ Date \_\_\_\_\_

DSPD State Office Name (print) \_\_\_\_\_

Email to [USTEPS@utah.gov](mailto:USTEPS@utah.gov) or Fax to USTEPS Team (801) 538-4279

**SYSTEM ADMINISTRATION:**

USTEPS Team \_\_\_\_\_ Activation Date: \_\_\_\_\_

USTEPS Team \_\_\_\_\_ De-Activation Date: \_\_\_\_\_

\*<http://cio.utah.gov/docs/acceptableusepolicy.pdf> & <http://www.hspolicy.utah.gov>