

Request for Access to Telematics Program

Agency:	Division:	Department ID Number:
User(s) First Name:	Last Name:	Employee ID:
Work Email Address:		Work Phone (include area code):
Work Location Mailing Address including city and Zip code:		Home Agency Code (3 characters):
User(s) Supervisor last and first name:	User(s) Supervisor's Title:	
Supervisor Phone Number:	Supervisor Email:	

Type(s) of Action Requested

- ☐ Add a new user Start Dates: _____ ☐ Delete user Agency separation date: _____
☐ Add privileges to existing user ☐ Remove privileges from existing user
☐ Grant this user system access **view data** and run reports
☐ Grant this user system access **manage data** and run reports
☐ Grant this user access to only receive email: ☐ Alerts ☐ Reports

Agency codes will reflect the division/departments hierarchy established in the enterprise Fleet Management System (M5).

Grant this user REQUESTED privileges

- ☐ All Departments/Divisions ☐ Assigned Departments/Divisions: _____
☐ Grant User access to receive reports

Grant this user access to the following reports

- ☐ Monthly Reports ☐ Weekly Reports
☐ **Agency – Core User:** Based on group access, this user type has the ability to change their own user settings, configure the map, review assets, run risk management and exception reports, leverage trips and activity reporting as well as view some engine data.
☐ **Agency – Report View:** Based on group access, this user type has the ability to change their own user settings, review assets, run risk management and exception reports as well as view some engine data.

Grant this user access to the following Alerts

- ☐ Activity Detail Alerts ☐ Weekly Activity Alerts
☐ Idle Alerts
☐ Hard braking / Acceleration
☐ Speed Alert
☐ DTC Alerts
☐ Geofence Violations

Additional specifications or comments on why the person needs access or why a change is needed.

User's statement: I understand that all TELEMATICS systems contain some types of data classified as private or confidential under state and/or federal laws. This protected data may appear in a variety of reports, pages, tables, records, and fields. I have been provided with access to the applicable portions of the Minnesota Government Data Practices Act (Minnesota Statutes, Chapter 13, <https://www.revisor.mn.gov/statutes/?id=13> or summaries of them. I agree to comply with the requirements of the Act regarding all data that is not public.

Applies only to users who are authorized for the TELEMATICS System: (1) I also understand that a **majority** of the information available through TELEMATICS is classified as private under the provisions of the Minnesota Government Data Practices Act. I have read and understand the guide "Data Practices for Personnel Records," which is available on the FSS website at <https://www.mn.gov/mmb/employee-relations/labor-relations/resources-for-agencies/data-practices.jsp>. (2) I have read the "Data Protection Policy for Human Resource Systems," (click on Data and Technology). I understand the requirements of the policy and acknowledge that I am responsible for complying with the policy. I understand that if I fail to comply with the policy, I may be subject to disciplinary action, up to and including discharge.

Applies only to users who are authorized for any role in TELEMATICS system: I will not modify any data that is not my own or data that I am not authorized to modify.

Acceptable use: I understand that my access to the TELEMATICS SYSTEM may only be used for legitimate business purposes. These business purposes may include, but not limited to; to address operational issues, to find efficiencies and reduce costs, to address citizen complaints, or to discuss safety issues. I understand that any use of the TELEMATICS system for discriminatory or retaliatory purposes may subject me to disciplinary action, up to and including discharge

User Printed Name		
User Signature	Title	Date

Supervisor's statement: I certify that the user needs the roles and agencies indicated on this form in order to carry out the responsibilities of his/her job.

Supervisor Printed Name		
Supervisor Signature	Title	Date

Human Resources Director: Must sign request to add a new user or to add new security roles and/or agencies/department IDs for the TELEMATICS System.

HR Director Printed Name		
HR Director Signature	Title	Date

After obtaining all the agency signatures, submit forms via one of these channels:

Email: Fleet.Services@state.mn.us.

Fax: 651-639-4026.

Mail: Fleet & Surplus Services, 5420 Old Highway 8, Arden Hills, MN 55112.

FSS, March 2020