

Workforce One User Access Request Form Instructions Part I and Part II

Forms must be filled out online and then printed and sent to your agency Security Administrator or the DEED Data Security Unit. No handwritten copies of the form will be accepted. For additional explanation or assistance in completing this form, contact your regional security administrator or the DEED Service Desk at 651.355.0500.

User Access Request - Part I - Information to be completed by the Requestor/User

Name: Enter your Last Name, First Name and Middle Initial. Print clearly so your identity is correctly entered (your User Name/ID is generated from this information).

SSN Identifier: Enter the last six (6) digits of your Social Security Number **or** another six-digit number that you will remember. We will accept any six-digit number on the form, however, you will have to **remember this number** as we use this number when we reset a password.

Note: Minnesota Statute 13.43 considers your Social Security Number private data. It is being requested solely for the administration of the data security function. You are not legally required to furnish this information. However, failure to provide it or another number may prevent a Logon ID from being issued or re-issued. We will NOT verify or confirm this information with anyone. The Social Security Number is requested since it is something that only you should know. Only security administration staff will have access to this number.

Job Title/Description: The working title for your position and a brief explanation of your job duties.

Agency Name: Select the name of the Agency that employs you. If your Agency does not display in the dropdown box contact your Security Administrator before completing the form.

Primary Phone: Enter the office telephone number, including the area code, at which you can be reached in the most direct manner. Indicate if it is a voice line, accessible by TTY (for deaf/hard of hearing callers) or both. This phone number will be the number listed in the WF1 staff directory.

Alternate Phone: This may be a secondary office phone, cell phone or TTY. Indicate if it is a voice line, accessible by TTY (for deaf/hard of hearing callers) or both.

DEED GroupWise User: Check "Yes" if your email is currently listed in the DEED GroupWise directory. Check "No" if your email address is not on the DEED GroupWise directory. Enter your email address if you do not utilize DEED GroupWise. The email address will be used for notification of User Name.

Print the form.

Sign and Date: When you have read the statement of WF1 Rights and Responsibilities, sign and date. Your signature indicates understanding of and agreement with this statement.

Important Instructions: Deliver this form to your supervisor/manager for them to complete Part II of the User Access Request. This User Request form **MUST** be attached to the completed Part II before any action can be taken.

User Access Request Part II - To be completed by the User's Manager/Supervisor

User Name: Re-enter the staff person name for whom you are requesting access.

WF1 Region Name: Select the WF1 Data Access Region where the requestor (user) has program administration responsibilities.

Agency Name: Select the Agency Name for whom the user is an employee and has program administration responsibilities.

Primary Agency Location: Enter the name for the Agency Location that you consider the user's primary office where job duties are performed. The person record information the user is allowed to view depends on the Agency locations on the user's staff record. It is important to include all locations the user will perform work either as primary or 'other' work locations. The primary location information will be used in the staff directory.

Other Agency Work Locations: Enter the name(s) of other Agency Locations the user performs job duties; e.g., satellite offices, WorkForce Centers. The form provides for 3 work locations. If you are requesting access for additional locations please add a page listing the names of the locations.

Programs Administered: Identify the programs that the user will have rights to administer for this Agency. This will allow the user to see the detail information within a Person's record for their location(s).

User Access Group: Select the appropriate functionality access privilege group. You can ONLY select one. The group selected determines the functionality the user has in WF1. If you select "Other" you must write the name of the access privilege group you wish to assign to the user.

RSVR Placement: Available only to RSVR staff.

Unemployment Insurance Data Access: Available only to DEED Dislocated Worker staff. This can only be approved by SA I.

Manager Authorization

Manager/Supervisor Name: Input the name of the Supervisor or Manager completing the access form.

Email Address if NOT in DEEDs GroupWise: If the Manager/Supervisor's address is on GroupWise you may leave this blank. If not, enter the email address that the Manager/Supervisor can be reached at if there are questions regarding the form.

Print and Sign the Form: The Requestor's Manager/Supervisor must sign and date this form.

Security Administrator Verification

Only after reviewing the above information and certifying its accuracy should the Security Administrator sign the form and grant the requested access. The Security Administrator retains both parts of the form. If the request is for State Record Manager, or State Monitor privileges, send the access form to:

Minnesota Department of Employment & Economic Development
332 Minnesota Street, Suite E200
St. Paul, MN 55101-1351
ATTN: DEED Service Desk
Phone: 651.355.0500
FAX Number: 651.282.5150

Access Completed Date: This field is used by the Security Administrator to indicate when the user's request has been entered into WF1.

User ID: This field is used by the Security Administrator to indicate the user's name to be used in WF1.

What happens next? When the access request is completed, the requestor will be notified via email whether or not the access request has been approved and if approved, their User Name. The User will log into the system using this User Name and their initial password which will be the six digit number they enter on the User Access Request. The user will immediately be required to change the password. Once completed, the User will be allowed into the Home Menu page for the system.