

**Minnesota Department of Employment and Economic Development
WF1 User Access Request - Part II - Management Authorization**

User's Last Name	User's First Name	User's MI
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WF1 Region Name

Agency Name

Primary Agency Location

Other Work Location Name(s) (add another sheet if more than three (3) locations are required or All for all other locations)

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Programs Administered (identify the programs that the user will have rights to administer for this Agency)

	Diversionary Work		FastTRAC		Heading Home
	Independent Living (VRS)		Local		Migrant Seasonal Farmworker (MSFW)
	Minnesota Adult Workforce Development – SFY 2013		Minnesota Displaced Homemaker		Minnesota Dislocated Worker/Trade Adjustment Assistance
	Minnesota Family Investment Program (MFIP)		Minnesota Youth		National Emergency Grant Disaster
	Senior Services (SSB)		Supplemental Nutrition Assistance Program - Employment & Training (SNAP ET)		Vocational Rehabilitation Services (VRS)
	WIA Adult		WIA Dislocated Worker/Trade Adjustment Assistance		WIA Older Youth
	WIA Younger Youth		Workforce Development (SSB)		
	Veterans - Disabled Veteran Outreach (DVOP)		Veterans - Local Veterans Employment Representative (LVER)		

User Access Group - see information at [www.positivelyminnesota.com/Programs_Services/Minnesota_Workforce_One_\(MNWF1\)/PDFs/accessgroup.pdf](http://www.positivelyminnesota.com/Programs_Services/Minnesota_Workforce_One_(MNWF1)/PDFs/accessgroup.pdf)

Other Group Name

RSVR Placement		Yes		No
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Unemployment Insurance Data Access		Yes		No
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Manager Authorization

Manager Name

Email Address

Print this form and sign below.

Attach this Part II to Part I and deliver to the Security Administrator for action. The Security Administrator will notify the user of their WF1 access

As the Manager/Supervisor of the above named requestor, I am aware of the responsibilities being assigned and request that access be provided.

Manager's Signature	Date
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Security Administrator Verification

As the Security Administrator for the above Region, I have reviewed this access request and verified that the requestor has administrative responsibility for the access identified above.

Security Administrator Signature	Access Completed Date	User ID Assigned
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