



REQUEST FOR INTERNET ACCESS

INSTRUCTIONS: This request must be approved by the Unit Head, attached to a URAC Request, and emailed to designated YS IT staff. **PLEASE TYPE OR PRINT.**

Name of Employee Requesting Access:

Unit or Office:

Detailed Justification:

Type of Access:

Type of Access (must check one):

Full Access

Default Access

Limited Access

Supervisor Approval: _____

By my signature below, I certify that the employee named above requires the Internet access requested herein in the performance of official work, and that the employee has read and agrees to comply with the provisions of Youth Services Policy No. A.5.6.

Approved by: _____

Unit Head Signature

Date: _____