CITY OF WICHITA AGREEMENT FOR NON- EMPLOYEE SYSTEM / NETWORK PRIVILEGES

DATE: _____

NAME: _____

AGENCY: _____

DIVISION: _____

AGENCY USERID: _____

EMAIL: _____

TELEPHONE: _____

REQUEST FOR A NEW ACCOUNT?
☐ YES ☐ NO

☐ THIS PERSON IS REPLACING ANOTHER NON-EMPLOYEE
IF CHECKED, WHO? _____ _____

☐ REMOVE ACCOUNT city userid _____ _____
User's Full Name _____ _____

☐ THIS REQUEST IS FOR ADDITIONAL SYSTEM PRIVILEGES
ON AN EXISTING ACCOUNT.

USERNAME: **(ASSIGNED by City of Wichita IT/IS)** _____ _____ _____ _____

MAJOR APPLICATIONS   (PLEASE CHECK ALL THAT APPLY)

MISCELLANEOUS	CRYSTAL REPORTS	E JUSTICE	LASERFICHE
☐ Interwatch Read - FAX	☐ CrystalSGCDC - District Court	☐ Police E Justice	☐ Records Basic View
	☐ CrystalSGCDIO - Sedgwick County DIO		☐ Homicide
☐ Other:	☐ CrystalSGCEMCU - EMCU Unit	☐ WPD JIS Access	☐ Vehicular Homicide
	☐ CrystalSGCPTS - Pretrial Services		☐ Traffic
	☐ CrystalSGCRcds - Sheriff Records	☐ Court E Justice	☐ Farm Cards
	☐ CrystalSGCSO - Sheriff Office		☐ Court Records
	☐ CrystalFBI – Federal Bureau of Inv.		☐ Probation
	☐ CrystalUSDC- US District Court		☐ Fire - Arson

COMMENTS: _____
_____
_____

I, ____ _____. HAVE READ AND UNDERSTOOD THE CITY OF WICHITA Non-Employee Information Technology Usage **Agreement** AND AGREE TO BE BOUND BY IT. I FURTHER UNDERSTAND THAT FAILURE TO COMPLY WITH THE REQUIREMENTS STATED IN THE USAGE AGREEMENT MAY RESULT IN DISCIPLINARY ACTION AGAINST ME, UP TO AND INCLUDING TERMINATION OF MY EMPLOYMENT OR CRIMINAL PENALTIES PRESCRIBED BY THE STATE OF KANSAS.

REQUESTOR'S IMMEDIATE SUPERVISOR: _____ ____   Date _____ ____

REQUESTOR'S DEPARTMENT HEAD: _____   Date _____

☐ *** Background check has been completed for this employee by the requesting agency. ***

Transmit signed copy of this request, City's Non-employee Usage Agreement, and the 2011 Security Awareness Statement form to City WPD Attn: Mike Leiber 316-858-7864 or Katie Inkelaar 316-858-7704. (Backup Stephen Clark 268-4105)

CITY APPROVAL   ***** FOR CITY USE ONLY *******

Police IS Services _____ Police L.A.S.O. _____ Police Records DBA _____

Municipal Court _____ IT Crystal_____ ____ Cmdr. Police Records _____

(No City Finance Department Approval is required) CHIEF INFORMATION OFFICER: _____

Other _____

(Rev. 09/2015)

In an effort to streamline the processing of computer system accounts, the Data Center system and network privilege forms have been combined into one form.

Please use the following guidelines when submitting a System/Network Privilege form:

1. Name – Employee Full Name.
2. Agency - Agency Name (e.g. Sheriff, District Attorney, FBI, etc...).
3. Division – Division within the agency (e.g. Records, Criminal, EMCU, etc...).
4. Agency ID – User ID provided by that agency (e.g. jdoe).
5. Email – Email address (jdoe@sedgwick.gov).
6. Telephone – Requested employees' phone number.
7. If request is for WPD related software/computer/facility access, on an additional piece of paper provide the requester's Race, Sex, Date of Birth, and Social Security Number.
8. If request is for WPD related software/computer/facility access, complete the 2011 Security Awareness Statement form. Please check the first box, if working for a Criminal Justice Agency. The second box, if working for a Non-Criminal Justice Agency that needs access to Criminal Justice Information. Or the third box, if working for a company that needs access to WPD facilities like one of the substations, or other WPD maintained buildings or offices.

Type of Request
1. If this request is for a new account please check 'yes'. If 'no' is selected, select remove account or request for additional privileges should be selected.
2. If you are replacing another non-employee, please provide the incumbent's User ID or Name.
3. If you are being replaced, terminated, or moved to another assignment, please submit a separated request for removal from the system.

Application Requested
1. Please check all boxes that apply.

Approval – County or other Agency
Form must be signed by the requesting Employee, immediate Supervisor, and Department Head.
IMPORTANT: Supervisor or Department Head will need to verify that a background check has been completed for the employee for all request.

Submit forms by *****FAX***** to COW WPD ATTN: Mike Leiber 316-858-7864 or Katie Inkelaar 858-7704 (backup – Stephen Clark 268-4105).

1. Be sure that both immediate supervisor and department head have signed the form
2. Specific application access requires approval by each application representative as shown below. The last application representative will forward the request to the Data Center and the account will be created.

Application	Representative	Mail Stop
PUBLIC SAFETY		
(Police)	Mike Leiber or Katie Inkelaar	1-41
(Police)	Stephen Clark	1-51A
(Court)	Donte Martin	1-31