

OIM TERMINAL SECURITY SYSTEM TERMINAL OPERATOR REGISTRATION FORM

COMPLETED BY CAO SECURITY ADMINISTRATOR		
DATE RECORD ENTERED	BY	PASSWORDS X-REF. NO.
EMPLOYMENT CONFIRMED WITH PERSONNEL BY:		DATE

LAST NAME - F.I.

- | | | |
|--|--|---|
| <input type="checkbox"/> NEW OPERATOR | <input type="checkbox"/> CHANGE-PASSWORD | <input type="checkbox"/> REACTIVATE/INACTIVATE OPERATOR |
| <input type="checkbox"/> ADD/DELETE TRANSACTION CATEGORY | <input type="checkbox"/> ADD/DELETE TERMINALS AUTHORIZED | <input type="checkbox"/> CHANGE OPERATOR NAME |

(PLEASE PRINT OR TYPE)

NAME (Last, First, M.I.)		SOCIAL SECURITY NO.	PHONE NO. (Office) ()
TITLE		AGENCY/OFFICE	
APPLICATION CODE	COUNTY CODE	DISTRICT OFFICE	ADDRESS

TRANSACTION CATEGORY				TERMINALS AUTHORIZED (LIST PID NO. OF EACH TERMINAL WHICH OPERATOR WILL USE)		
a. Check appropriate category. b. Check and identify new category, using a blank space.						
TIP	MAPPER			REMARKS		
<input type="checkbox"/> CIS 12 INQUIRY	<input type="checkbox"/> TPL 07 UPDATE	<input type="checkbox"/> EA 17 UPDATE	<input type="checkbox"/> EA 40 CONFIRM			
<input type="checkbox"/> BCS 13 INQUIRY	<input type="checkbox"/> FS 17 UPDATE	<input type="checkbox"/> MR 45 UPDATE	<input type="checkbox"/> PHOTO 37 I.D.			
<input type="checkbox"/> SUPV 22 INQUIRY	<input type="checkbox"/> CASH 18 UPDATE	<input type="checkbox"/> RMS 73 UPDATE	<input type="checkbox"/> REJECT 32 INQUIRY			
<input type="checkbox"/> MA 02 INQUIRY	<input type="checkbox"/> MA 21 UPDATE	<input type="checkbox"/> WRP 39	<input type="checkbox"/> 189 67 INQUIRY			
			<input type="checkbox"/> RMS 03 TRACKING			

OPERATOR'S STATEMENT

I understand that all information contained on the Department of Public Welfare's data base is confidential. I agree not to disclose any information regarding persons who have applied for, have received, or who are receiving Public Assistance or Social Services, to any unauthorized group or individual.

I understand that I may only use the terminal for those specific functions for which I have been authorized. I understand that the entering of unauthorized information may constitute fraud.

I understand that the password I receive is confidential and may not be written down. It is to be used only by myself. If I suspect that anyone else has knowledge of my password, I will report it immediately to my Site Security Administrator.

I understand that whenever I leave the terminal, I must sign-off.

I understand that any violation of this agreement may result in disciplinary action to include discharge.

I have read this entire Statement and agree to abide by it.

_____ SIGNATURE _____ DATE

APPROVAL: SITE SECURITY ADMINISTRATOR

The above named individual is authorized for the transaction levels and terminals indicated. The operator has read the Operator's Statement and is aware of his/her responsibility.

_____ SIGNATURE _____ TITLE _____ DATE

<p>APPROVAL: EXECUTIVE DIRECTOR/BUREAU DIRECTOR</p> <p>_____ SIGNATURE _____ DATE</p>	<p>APPROVAL: OIM/CAO SECURITY ADMINISTRATOR</p> <p>_____ SIGNATURE _____ DATE</p>
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