



<input type="checkbox"/> New Request	<input type="checkbox"/> Renewal Request
Employee Last Name:	Employee First Name:
Employee Position / Title:	
Employee DCF Office / Facility / Division / Unit:	
Employee Work Site / Location:	

REQUESTS THAT:

NON-DCF Employee Last Name:	First Name:		
Who works/will work as:			
<input type="checkbox"/> Consultant	<input type="checkbox"/> Intern	<input type="checkbox"/> Employee of DCF Service Provider	<input type="checkbox"/> Other Authorized User
If Other "Authorized User", please specify agency / type:			
Until (End Date / Date of Leave)			
Under the supervision of:			
Supervisor's Last Name:		Supervisor's First Name:	
Be granted LINK access with the following specifications:			
1) Access Type:			
<input type="checkbox"/> "View-only ability" (default choice)			
<input type="checkbox"/> "Case Support" (to be chosen if staff needs to enter narrative in LINK)			
<input type="checkbox"/> Other (<i>Specify Access Type</i>):			
<input type="checkbox"/> Case Worker			
<input type="checkbox"/> Case Supervisor			
<input type="checkbox"/> Case Program Supervisor +			
If "Other" is chosen, please provide detailed reasons:			
2) Level of security:			
<input type="checkbox"/> "Support" (default choice)			
<input type="checkbox"/> Other (<i>Specify Level of Security</i>):			
<input type="checkbox"/> Worker			
<input type="checkbox"/> Careline Supervisor			
<input type="checkbox"/> Supervisor			
<input type="checkbox"/> Investigations Supervisor			
<input type="checkbox"/> Program Supervisor			
<input type="checkbox"/> Program Director (This level of security grants access to Confidential cases)			
If "Other" or "Program Director" levels are selected, please provide detailed reasons:			
_____ Authorized Manager's Signature		_____ Date	