

CalJOBSSM System Access Request Form

Request Type

Does the staff currently have or has ever had a CalJOBS staff account?

If yes, CalJOBS username:

Indicate the action needed for this staff account:

If inactivating, provide date and time to inactivate account: (last date/time access is needed)

Staff Information

Organization Type:

If Other, provide description:

Subgrantee Code¹:

ARU²:

First Name:

Last Name:

Agency Name:

Job Title:

Office Zip Code:

Phone Number:

Email³:

Primary Office Information

Local Workforce Development Area Region:

Default Office:

Other Office Locations:

Does the staff need supervisor level access to the offices above?

Additional access needed (select all that apply):

DVOP

LVER

TAA

ETPL

DOC (REO Corrections)

NFJP

Data Security Requirements

Staff has a business need for CalJOBS access? Yes No

Employee or Contractor Confidentiality Agreement Signed: Yes No Most Recent Date:

Information Security and Privacy Awareness Training (or equivalent) Completed: Yes No
Most Recent Date:

Requestor Information

Name:

Job Title:

Email:

Phone Number:

Signature:

Date:

Account Creator

Name:

Job Title:

Signature:

Date:

Return completed and signed form to CalJOBS System Access Coordinator

¹ Only applies to Local Workforce Development Area and Community-based Organization staff.

² Only applies to Workforce Services Branch staff.

³ Email must be an organization-provided email (no personal email addresses allowed).