

Ramsey County Workforce Solutions

Workforce One (WF1) USER ACCESS REQUEST FORM

Clear Form

In order to process a request for access to WF1, the following information is needed. The information will be reviewed and approved prior to your obtaining security access. This information may also be shared with Department of Employment and Economic Development (DEED) data security administrators and others authorized by statute. You are not required to give this information; however, failure to provide the requested information will result in delays and possible denial of your access request.

****INSTRUCTIONS ON NEXT PAGE****

Last Name:	First Name:	MI:
Work Email Address:		
Primary Work Phone:	Video TTY	Alternate Work Phone:
Ext. _____	Ext. _____	Ext. _____
Job Title:	Name of person you are replacing:	
	N/A	
Short Description of Job Duties as they relate to WF1 (i.e. open/close activities, enter Support Services, look-up records only-no data entry):		

Six-Digit Confirmation ID:

REMEMBER THIS CODE (for first login or for security purposes to access your account)

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Agency Name:	Agency Location (Address/City/Zip Code):
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Access to Which Program(s)?

Adult	MFIP	Custom Program: _____
Adult Career Pathways	Minnesota Youth	Project Name: _____
Dislocated Worker	WIOA In-School Youth	Other: _____
Diversionary Work	WIOA Out-of-School Youth	

Name of Supervisor/Manager Authorizing WF1 Access*

I understand that the WF1 user account and the private or non-public data I will have access to is provided for the purpose of performing my job as an employee or contractor of DEED or one of its partners or subcontractors in the administration or delivery of one of the following programs. I am responsible for protecting these access privileges and the data obtained in accordance with MS§ 268.19, MS § 13.47, MS § 13.791, other provisions of the Minnesota Government Data Practices Act and other applicable law. Any use of this access or data for purposes other than those authorized in connection with these duties will be cause for sanctions specified in statute against unauthorized use or disclosure of this data.

Requestor's Signature (Required)	Date
*Supervisor/Manager's Signature (Required)	Date

QUESTIONS?

Contact GAO LEE at 651-274-1597
 ALAN WANLESS at 651-266-6010
 SYJONG XIONG at 651-266-4980
 EMAIL Completed Form to: WS-MIS-Helpdesk@ramseycounty.us

MIS USE ONLY

Date: _____

User ID: _____

Profile: _____

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WF1 USER ACCESS REQUEST FORM INSTRUCTIONS

Please complete the following items on the WF1 User Access Request form

1. Requestor's complete name (including middle initial if there is one)
2. Work email address
3. Primary phone & select voice and/or TTY (NOTE: Phone number(s) entered may print on notices and other documentations generated in WF1)
4. Job title (i.e. Employment Counselor, Case Aide, Receptionist, Trainer)
5. Name of person you are replacing. If you are not replacing anyone, check the N/A box.
6. Short description of job duties (i.e. open/close activities, enter Support Services, look-up records only-no data entry)
7. Six-Digit Confirmation ID (for security purposes). Cannot be 123456.
8. Agency name
9. Agency Location Address/City/Zip Code
10. Select specific program(s). List names of programs/projects not listed.
11. Name of Supervisor/Manager Authorizing your WF1 Access
12. Requestor and Supervisor/Manager must sign and date the form

Once completed, return to Supervisor/Manager for signature and then

EMAIL Completed Form to: WS-MIS-Helpdesk@ramseycounty.us