

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:
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Social Security Identifier:
(Please use the **last 6 digits** of your SSN)

Job Title:

Short Description of Job Duties:

WF1 Training - Check the most appropriate box.

Full day (9-4pm) Includes system navigation; entering Activities, Case Notes, Support Services, Employment Plans, etc.

Half day (9-12pm) Includes system navigation; entering Case Notes.

N/A - Specific Training will be provided by other agency staff. Staff providing training is: _____

Access to which Program(s)?

MFIP

Diversionary Work

Local Program

Other: list details _____

Agency Name

Agency Location Address/City/Zip Code

Primary Work Phone

Ext. _____

Voice

TTY

Alternate Work Phone

Ext. _____

Voice

TTY

What is your primary work EMAIL address?

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? Please contact LAURIE DOHENY at 651-770-4473 or ALAN WANLESS at 651-779-5320

FAX Completed Form to: 651-779-5090, ATTN: MIS UNIT

or

EMAIL Completed Form to: WS-MIS-Helpdesk@co.ramsey.mn.us



Workforce Solutions - Ramsey County
MFIP/DWP Employment Services
Workforce One (WF1) USER ACCESS REQUEST FORM



WF1 Access Request Form Instructions

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

1. Complete name (including middle initial if there is one)
2. Last 6 digits of social security number for security purposes
3. Job title, i.e. MFIP Employment Counselor, Receptionist, Trainer
4. Short description of job duties, i.e. open/close activities, enter Support Services, look-up records only-no data entry
5. Select the training most applicable to your job duties
6. Select specific program name(s)
7. Agency name
8. Agency Location Address/City/Zip Code
9. Primary phone & select voice and/or TTY
10. Email address
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:

FAX Completed Form to: 651-779-5090, ATTN: MIS UNIT
or

EMAIL Completed Form to: WS-MIS-Helpdesk@co.ramsey.mn.us