

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

<b>Last Name:</b>	<b>First Name:</b>	<b>MI:</b>
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**Social Security Identifier:**  
(Please use the **last 6 digits** of your SSN)

**Job Title:**

**Name of person you are replacing:** N/A

**Short Description of Job Duties:**

**WF1 Training will be provided by your agency Data Specialist and/or Supervisor.**  
**There is WF1 training for NEW USERS provided by the State WF1 team. To register for this training go to Resources\Staff Training in WF1.**

**Access to which Program(s)?**

MFIP      Diversionary Work      Custom Program: list name of 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?**

Contact LAURIE DOHENY at 651-266-6011 or ALAN WANLESS at 651-266-6010  
EMAIL Completed Form to: WS-MIS-Helpdesk@ramseycounty.us  
or  
FAX Completed Form to: 651-266-9894, ATTN: MIS UNIT

**MIS USE ONLY**

Date:  
User ID:  
Profile:

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**WF1 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. Last 6 digits of social security number for security purposes
3. Job title, i.e. Employment Counselor, Case Aide, Receptionist, Trainer.
4. Name of person you are replacing.
5. Short description of job duties, i.e. open/close activities, enter Support Services, look-up records only-no data entry  
Register for training in WF1 under Resources\Staff Training, if needed
6. Select specific program(s). List names of programs/projects not listed.
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:

EMAIL Completed Form to: [WS-MIS-Helpdesk@ramseycounty.us](mailto:WS-MIS-Helpdesk@ramseycounty.us)

or

FAX Completed Form to: 651-266-9894, ATTN: MIS UNIT