WORKFORCE SOLUTIONS ★★★ HEART OF TEXAS ★★★
Linking Jobseekers and Employers

User Access Termination

Name:		
Date:	Office #:	Workstation Name:
Position:	Manager:	

☐ Termination ☐ Temporary disable access until _____

Department:

☐Board Staff	☐BSU	☐Career Center	☐CCS
☐Choices/Snap	☐CIS	☐UI	☐Veteran Services
☐WIOA	☐WFC Management	☐Other:_____	

User Access: (Check all that apply)

☐Phone Ext. _____	☐Network Access (Windows)	☐Shared Network Drive	☐Outlook Email
☐WorkInTexas	☐TIERS	☐TWIST	☐RAC-F Mainframe
☐WSHOT Intranet	☐LinkedIn Learning	☐Infosec Training	☐Staff Newsletter
☐CCS Workflow	☐CCS Eligibility Calc	☐CCS Adobe DC	☐TABE
List other access needed:			

Forward Options:
Email   Phone

Management Approval
Signature: _____   Date: _____

NOTE:
- Only completed forms will be accepted.
- Attach all appropriate forms for requests. All forms can be found on the Company Shared Drive.
- All access and data will be deleted after **30 days** per policy. Be sure to request any extensions or backup copies prior to the end of the 30 days.

For IT Staff Only: Request received on: _____   Complete packet received on: _____

Request completed on: _____   Signature: _____

Systems Access and Data Security Report
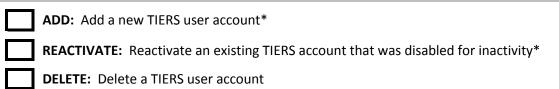# For Other Agencies and Community Partners – P-48 (0112)

Workforce Applications

INSTRUCTIONS: **Within 10 days of providing, terminating, or adjusting access and permissions to Workforce Applications for staff from another agency or faith- or community-based organization, the Local Workforce Development Board (Board) must complete this form. The Board must ensure that the** *TWC Information Resources Usage Agreement* **(Form P-41) is completed, as appropriate. The originals are maintained at the Board offices and available upon request for review.**

Date: _____ | **Access Report:** ☐ New ☐ Adjusted ☐ Terminated

External Agency or Community Partner

Organization Name: _____
Address: _____

Access Authorized

Name(s) of Individual(s)	**Workforce Applications**	
	View	**Edit**
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐

Justification for providing access:

_____

Authorized Board Representative

Name: _____	Title: _____

Signature:_____ Date: _____

Request for TWC-Provided User Access to HHSC Systems

Please Note: We cannot accept forms with corrections or modifications, including strikethroughs, "write-overs," and/or correction fluid.

Section 1: Type of request -- Please mark only one box:

☐ **ADD:** Add a new TIERS user account*

☐ **REACTIVATE:** Reactivate an existing TIERS account that was disabled for inactivity*

☐ **DELETE:** Delete a TIERS user account

*Note: Request requires HHS AUA form

Section 2: User Identifying Information -- Please type or print clearly:

User's Name:

Agency:

TWC: ☐

WDA: ☐ <--Specify Board #_____

Work Email Address:

Phone Number:

(Include area code and extension, if any)

Section 3: Signatures -- Please add the appropriate signatures. If the user is an internal TWC employee, then only the user's supervisor needs to sign:

_____ _____   _____   _____
       User's Supervisor's Signature   Date   WDA TWIST Administrator's Signature   Date

Section 4: Contact Information -- Authorized Administrator/Supervisor should email (scan), fax, or mail completed forms to:

Mail to: **Or:**
TIERS ACCESS ADMINISTRATION
TWC-ITIS, ROOM 0330   **Email: tiersaccess@twc.state.tx.us**
101 E. 15th Street
Austin, TX 78778-0001   **Fax: (512) 463-6394**

Section 5: TWC Security Coordinator Use Only:

_____ _____
       TWC Security Coordinator Signature   Date

Comments: