



Q-Sight User Security – Roles and Permissions Authorization Form – LM-3Q

Submit Form:		You must complete this Form On-Line. Hand written Forms will be rejected. Mail, Fax or PDF the entire package to: Fax: 679-1993 or Mail to: MC 2012						
Requester's Name:				Title:				
Department:								
Phone Number:				Fax Number:				
Room Number:				Mail Code:				
Email Address:								
Hospital/Clinical Unit Only:		<input type="checkbox"/> In-Patient		<input type="checkbox"/> Out-Patient		<input type="checkbox"/> Other:		
Authorized Employee:				Title:				
Telephone #:		Fax #:		Room #				
Mail Code:		Signature:			Date:			
Special Instructions:								
Authorized By:				Title:				
Authorized Signature:		I. Department Head _____ Typed Name - Mandatory				Date:		
						Telephone #:		
						Fax #:		
Request:	<input type="checkbox"/> Add new user and following account & permissions	<input type="checkbox"/> Add following accounts & permissions	<input type="checkbox"/> Update account information	<input type="checkbox"/> Add Employee for encounter purpose only. No User ID or Password will be issued.	<input type="checkbox"/> Delete following accounts		<input type="checkbox"/> Delete user and associated accounts	
Role:		Role: _____ (Select Role button on left. Please pay special attention to permission levels.)						
Authorized for Accounts:								
Ship-To #	Ship-To Location	FY	Fund	Org	Account	Expiration Date		
For Logistics Management Use Only:								
Signatures:				Date:		Date:		
I. Authorized OLM Systems Supervisor _____				_____		2. OLM Financial Officer _____		
Typed Name - Mandatory				Typed Name - Mandatory		Typed Name - Mandatory		