Nevada JobConnect Operating System (NJCOS)

INDIVIDUAL STAFF SECURITY INFORMATION:

ACCESS AUTHORIZATION *(Please print or type)*

Date: _____ New ☐ Change ☐ Delete ☐

1. Name: _____ _____ _____
First Initial Last

E-Mail Address (Mandatory): _____

2. Job Title: _____ DVOP ☐ LVER ☐

Security Group:		
Intake/Orientation ☐	**Employment Specialist I** ☐	**Employment Specialist II** ☐
Case Manager I ☐	**Case Manager II** ☐	**Manager/Supervisor** ☐

Access to: LWIAMR ☐ **Discoverer** ☐

3. Primary Office:_____
Address:_____
Telephone _____ FAX: _____

Secondary Office(s): _____
Address:_____
Telephone _____ FAX: _____

4. Name of Employer:_____
Address:_____
Telephone _____ FAX: _____

5. Supervisor/Manager Name and Title: _____
E-Mail Address (Mandatory): _____

6. Authorized Signature: _____ **Date** _____
Name/Title _____

An authorized signatory must sign the NJCOS Individual Staff Security Information form. An authorized signatory is a person who signed a Nevada JobConnect System Partner Agreement for Exchange of Confidential Information form (commonly referred to as Agency Agreement).

ACCESS TERMINATION
Termination Date: _____ **Signature:** _____
LWIAMR ☐ **Discoverer** ☐
To be completed within 24 hours of employee's resignation, termination or transfer date.