| DCS CitrIX request form (platform 2) |
| --- |
| Type of request |
| [ ]  New User [ ]  Change Configuration [ ]  Terminate Citrix Access on Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Terminate UI Online Access |
| Non-State Employee: [ ]  Profile 1 [ ]  Profile 2 [ ]  Profile 3 |  State Employee: [ ]  DCS [ ]  Hearings [ ]  OtherOther Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ENTER CURRENT MOSES ID BELOW\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Request MOSES IDVet Rep: [ ]  Yes [ ]  No |
| First name: | Last Name: |
| Position/Title: |
| Hire Date (New Hire): | Non-State Email Address: | State (detma.org) Address: |
| Office/Location Name: | Phone: |
| Street Address: |
| City: | State: | ZIP Code: |
| Secondary Office (if appropriate): |
| Signature of Applicant: | Date: |
| Manager Approval Information |
| Print Name of Approving Director: |
| Title: |
| Email: | Phone: |
| Signature: | Date: |
| **THE FOLLOWING SIGNED DOCUMENTS MUST BE MAINTAINED AT THE EMPLOYING OFFICE AND BE AVAILABLE FOR REVIEW BY INTERNAL CONTROL AND DCS QUALITY ASSURANCE** |
| * EOLWD ITR Policy with Attachment A (located at mass.gov/massworkforce)
* EOLWD Confidentiality Policy (located at mass.gov/massworkforce)
* EOLWD Remote Access Acceptable Use Policy (located at mass.gov/massworkforce)

**SUBMIT REQUESTS AS PDF VIA EMAIL TO:** **dcscitrix@detma.org** |
| DCS APPROVAL TO IT HELPDESK TO SET UP CITRIX PLATFORM 2 ACCESS |
| Citrix Profile Level:  | Termination Date: |
| Network Access Request Submitted to Help Desk  | Date: |
| Signature: | Date: |