

Palm Beach County Community Services

Please Print Clearly. Submit form via email to TAPS Administrator at <u>pmedina@pbcgov.org</u> and/or <u>gdonadio@pbcgov.org</u> (for fiscal)

ep 1 – Select Reason for Form	Submission:				
New User	Revision	Termination (Notif	y immediately; fill in	n Name/Agency or Co	unty Dept.)
ep 2 – Select County or Agency	y Access and	Workflow (reporting fund	tions will automatic	ally be given for all typ	es chosen):
County Fiscal User:	Reviewer	Approver			
Agency Fiscal User: Creator Reviewer Submitter					
County Client Data G	atherer User				
Agency Client Data G	Gatherer User				
o 3 – Complete table below wit	th contact inf	ormation:			
Employee Name					
Agency Name/County Dept.					
Location Address					
City			State	Zip	
Telephone			Fax		
E-Mail					
p 4 – Provide Authorized Sign Employee Signature:	atures:				
By signing this agreement, you are access, storage, and maintaining t practices and safeguard.		, , ,		-	-
Print Name:		Title:		Date:	
Supervisor Signature: By signing this agreement, you are received training in Policies & Proc documentation and/or training in	edures regardin	g access, storage, and maintain actices and safeguards.			
Print Name:		Title:		Date:	
C USE ONLY:					
Date: / /		User Name:	E-Mail	Sent:	