



SHA NETWORK ACCOUNT REQUEST FORM

Call the Service Desk 1-888-316-7446 (local 306-337-0600) if you are unclear about any fields below.

Email to: servicedesk@ehealthsask.ca

All new employees must also complete the eHealth Saskatchewan Security Questions Form.

https://www.ehealthsask.ca/forms/Forms/SecurityQuestionsForm.pdf

Type of Request (check one): New Leaving Changing Position/Role

Services Required For:

Name: Working Title: Department: Telephone: Facility: Email Address: City/ Town: Start Date: Reports To: End Date:

User Account and Access Permissions:

Network Drives - specify name of folder(s) needed: Mailbox - specify all names where access is needed: Email Distribution Lists- specify name of list(s) needed: Email Shared Folders (i.e. Public Folders) specify name of folder(s) needed:

Comments or Special Requests:

Account Authorization:

Name (Please Print) Signature Date