

3sHealth 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

Eligible accounts will be registered for Self-Service Password Reset (SSPR) upon calling the Service Desk for the initial password reset.

Type of Request (check one	e): New	Leaving	Changing Position/Role		Name Change
Services Required For:					
Name:			Working Title:		
Department:			Telephone:		
Facility:			Email Address:		
City/ Town:			Start Date:	(DD-MMM-YYYY)
Reports To:			End Date:		
User Account and Access	Permissions:			(DD-MMM-YYYY)
Network Drives - specify name of folder(s) needed:					
Mailbox - specify all names wh	here access is needed:				
Email Distribution Lists- specify name of list(s) needed:					
Comments or Special Requests:					
-	_				
Account Authorization	•				
Account Authorization	•				
Name (Please Print)		Signature		 Date	(DD-MMM-YYYY)