



ATHABASCA HEALTH AUTHORITY
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):	<input type="checkbox"/> New	<input type="checkbox"/> Leaving	<input type="checkbox"/> Changing Position/Role	<input type="checkbox"/> Name Change
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Services Required For:

Name: _____	Working Title: _____
Department: _____	Telephone: _____
Facility: _____	Email Address: _____
City/ Town: _____	Start Date: _____ <small>(DD-MMM-YYYY)</small>
Reports To: _____	End Date: _____ <small>(DD-MMM-YYYY)</small>

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:

Comments or Special Requests:

Account Authorization:

_____ Name (Please Print)	_____ Signature	_____ Date <small>(DD-MMM-YYYY)</small>
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