



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>

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): 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:	_____ (DD-MMM-YYYY)

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 (DD-MMM-YYYY)