



University of California

# iVOS Access Request Form

Sedgwick Claims Management Services, Inc.

**Fax completed document to:**

UC Office of the President

Office of Risk Services

Fax: 510-987-9833

**\*\*See below for email scanning options\*\***

Please specify access type:	<input type="checkbox"/> New user access <input type="checkbox"/> Change user access <input type="checkbox"/> Termination	Please specify:	<input type="checkbox"/> University <input type="checkbox"/> Other _____
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<b>LINE OF BUSINESS</b>							
Please specify line of business user needs access to: <a href="#">(click box to select)</a>							
<input type="checkbox"/> WC	<input type="checkbox"/> PMHL	<input type="checkbox"/> OGC	<input type="checkbox"/> HSR	<input type="checkbox"/> GL	<input type="checkbox"/> Property	<input type="checkbox"/> EPL	<input type="checkbox"/> Auto <input type="checkbox"/> Event

<b>USER INFORMATION</b>			
Last name:		First name:	
Phone number:		Fax:	
E-mail:		Date access needed:	
Position Title/Role:		iVOS Security Group:	

<b>ACCOUNT ACCESS &amp; SECURITY INFORMATION</b>		
<b>*REQUIRED* - Model User:</b> <enter another user with same access below>	<b>Is the user a supervisor?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>*REQUIRED* - Signature sample:</b> this signature will be scanned and used to electronically sign letters and/or other documents. Please stay within the lines. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
	<b>Is the user a diary recipient?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<b>Does user need access to SIR?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>APPROVED BY MANAGER/SUPERVISOR</b>			
Last name:		First name:	
Email:		Phone number:	
Supervisor's Signature		Date of Approval:	

*Your signature on this Request for Access to the University/Valley Oak System indicates that you acknowledge and understand that as a user of the system you are expected to maintain the privacy and confidentiality of all data which you have access to and may not disclose it to other parties. Sharing your password or providing access to another person is prohibited. Non-compliance with the above may result in discontinuance of access privileges or other personnel action.*

Signature of User receiving access: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by OPRS: \_\_\_\_\_ Date: \_\_\_\_\_ Security Level: \_\_\_\_\_

If emailing, scan completed document and send to the appropriate Program Manger:

GL/Auto/Property: [Melissa.Burley@ucop.edu](mailto:Melissa.Burley@ucop.edu)

Workers' Compensation: [Angela.DeBortoli@ucop.edu](mailto:Angela.DeBortoli@ucop.edu)

PMHL: [Brenda.Lillington@ucop.edu](mailto:Brenda.Lillington@ucop.edu)

OGC: [Norman.Hamill@ucop.edu](mailto:Norman.Hamill@ucop.edu)

EPL: [Greer.Gustavson@ucop.edu](mailto:Greer.Gustavson@ucop.edu)

*Revised 06/28/2017*