Karuk Tribe

Computer Access Request Form
Please write legibly and fill out completely
**Required for health personnel only

Personal Information			Start Date
Last:	First:	Middle:	
Home Address:		Home Phone: ( ) -	
City:	State:	Zip code:	
**Date of Birth: **SSN: - -			
**License (State lic#, DEA, Medicare, etc.):			

Primary Site Location	Department	Position/Title
☐ Happy Camp	☐ Administration	
☐ Orleans	☐ Karuk Tribe Housing	
☐ Yreka	☐ Karuk Community Development	**Status**
☐ Somes Bar	☐ Natural Resources	☐ Full-Time
	☐ Health (Dept.):	☐ Part-Time
	☐ Other:	☐ Temporary

Type of Service Needed – Which Package(s), Program etc. do you need access. (3P Billing AR Pat Registration etc) or Access Same As (another person, if you are unsure of which package(s) to select).

☐ Computer Access	☐ RPMS
☐ Email	Health Insurance Portability and Accountability Act (HIPAA) Training Completed?
☐ Other:	☐ Yes
	☐ No

Special Instructions/Date Needed

Signatures

Employee _____   Supervisor _____
Type or print   Type or print
Name   Name

Must have supervisor approval

The Computer Access Request Form (CARF) requesting employee access to the Karuk Tribe of California computer system will be filled out and signed by the employee's supervisor. The supervisor will determine the files or systems that the user needs access to and annotate those needs on this form. By signing this form, the employee is agreeing to abide by all tribal policies, rules, and regulations concerning system access that apply to the position. Health employees must complete Health Orientation and receive HIPPA training prior to receiving computer access.