Internet Request Form

Employee: McDonald (Last) Sally (First) L. (Middle:)
Social Security Number: 586-66-0858 Date of Birth: 09/20/62
Position Title: Management Analyst III Phone/Extn: _____
Division: Senior Citizens Section: _____
Supervisor: _____ (Name & Title)

Warning:

Accounts are to be used for government purposes only, and will not be shared or transferred. Accounts may be used for personal enrichment; however, not for business profit. Misuse of this account will be cause for disciplinary action. Suspected misuse of an account will be subjected to audits. Please refer to the Departments Code of Ethics for guidelines.

When your User ID has been established, you will be known as:
UserName @ dphss.govguam.net

I, _____ have read and understand the aforementioned regulations. I have also been provided a copy of the Departments "Code of Ethics" which I acknowledge to have read in its entirety. Further, I agree to the regulations as set forth by said Code of Ethics.

I understand that it is my responsibility to inform the Systems and Programming Administrator should I either resign or retire from the Department of Public Health and Social Services, so that said account may be terminated.

Employee Signature: Date:

Employee Supervisor: _____ Date: _____
Signature

Director: _____ Date: _____
PETERJOHN D. CAMACHO, MPH

- Do not write below this line -
— Systems and Programming Use —

Internet / Email User Identification: _____ Password: _____

Account Established By: _____ Date Established : _____

Date Staff Notified: _____