

Minnesota Department of Employment and Economic Development WF1 Security Administrator Access Request

In order to process a request for access to WF1, the following information is needed. The information will be reviewed and approved prior to your obtaining security access. This information may also be shared with Department of Employment and Economic Development (DEED) data security administrators and others authorized by statute. You are not required to give this information; however, failure to provide the requested information will result in delays and possible denial of your access request.

Last Name	First Name	MI		
Email Address				
WF1 Region Name				
Agency Name				
Primary Agency Location				
Primary Phone	Ext.		Voice	TTY
Social Security Identifier (last 6 digits of SSN or see instructions)				
Activation Date			Deactivation Date	
Data Security Administration Training Completed				
Regional Director Last Name	Regional Director First Name		Regional Director MI	
Regional Director Email				

Print this form and obtain the signatures below.

Submit to the following address or fax number:

Minnesota Department of Employment and Economic Development
 DEED Service Desk
 332 Minnesota Street, Suite E200
 St. Paul, MN 55101-1351
 FAX: 651.282.6102

Security Administrator Designee Signature

I understand that the WF1 user account and the private or non-public data I will have access to is provided for the purpose of performing my job as an employee or contractor of DEED or one of its partners or subcontractors in the administration or delivery of security access. I am responsible for protecting these access privileges and the data obtained in accordance with MSS 268.19, MS § 13.47, MS § 13.791, other provisions of the Minnesota Government Data Practices Act and other applicable law. Any use of this access or data for purposes other than those authorized in connection with these duties will be cause for sanctions specified in statute against unauthorized use or disclosure of this data.

Signature	Date
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Director's Signature

I have read the responsibilities to be performed by the Security Administrator and request that access be granted to the above named to perform all duties of the Security Administrator for my WF1 Region.

Director Signature	Date
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DEED		
Security Administrator Signature	Date	Username