TB/HIV/STD and Viral Hepatitis Unit

ACCOUNT DEACTIVATION REQUEST FORM

INSTRUCTIONS:

1. Supervisor fill out form
2. Submit completed form by clicking e-mail address below and attaching form to e-mail.

EMPLOYEE INFORMATION

First and Last Name: Phone Number: E-mail Address:

Agency Name: Department Name: Region/Site:

Select Employee Category: Access Termination Date:

ACCESS TO DEACTIVATE

eHARS *(Select one)*: View Only ☐ Data Entry ☐ Administrator ☐

Citrix STD*MIS: Applicant Sites MIS Database ☐ eHARS Lookup Table ☐

Worker Number: Worker Number Type:

PHIN *Folders* TB ☐ HIV ☐ ELR ☐ STD ☐ ICCR ☐ Other

Reason/Justification for Deactivation:

SUPERVISOR INFORMATION

First and Last Name: Phone Number: E-mail Address:

INSTRUCTIONS:

1. Supervisor fill out form
2. Submit completed form by clicking e-mail address below and attaching form to e-mail.

Click E-Mail address, then attach and submit form:

TBHIVSTD.AccountRequests@dshs.state.tx.us

CENTRAL OFFICE USE ONLY

eHARS: Deactivated ☐ Date: _____

Deactivated by: _____

***Citrix STD*MIS*:** Deactivated ☐ Date: _____

Deactivated by: _____

***Worker Number*:** _____ Number Type: _____

Deactivated ☐ Date: _____

Deactivated by: _____

***PHIN*:** Deactivated ☐ Date: _____

Deactivated by: _____