

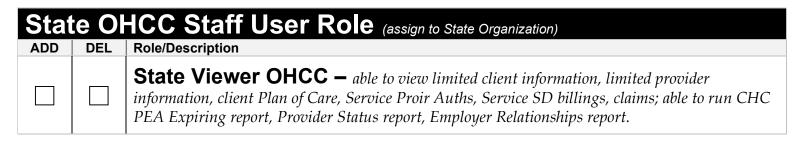
State OHCC Staff User Enrollment Form

INSTRUCTIONS: * indicates required fields. The

INSTRUCTIONS: * indicates required fields. The authorizing manager must complete this form based on the employee's specific job duties. Access to Service Elements is determined by your Organization and roles.

• Send completed form to info.exprs@state.or.us or 503-947-5044.

* Indicate Action: 🗌 Add User 🗌 Modify User 🗌 Deactivate User 🗌 Change of Info		
*User's Name: (Last, First MI) (Print Name)	Already have an eXPRS login name?	
*Job Title:	*Name of Organization: State of Oregon	
*Organization Address: (Mailing Address)	*City, State Zip:	
*Phone Number:	*Email Address:	



Signature		
Manager: (Print Name)	Phone Number:	Ext.:
Manager Title:	Email Address:	
Manager Signature:	Date:	
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Maintain form in local file for audit purposes