

# TIQR Access Request Form

## User Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title: \_\_\_\_\_

Purpose:  RFMH Grants  IT Procurement  Other \_\_\_\_\_  
 DCM orders  Columbia Financial

Work Location: Building \_\_\_\_\_ Floor \_\_\_\_\_ Room No. \_\_\_\_\_

E-mail (business): \_\_\_\_\_

Business Telephone: \_\_\_\_\_

RFMH Org (Dept): \_\_\_\_\_  
(This should be the current primary ORG assignment in the RFMH HR system. Please verify.)

Requesting Access to Tickets (TIQR's) for the entire Department:  Yes  No

## Access Agreement

By signing this request, the user affirms that he or she will adhere to certain policies as set forth by the Research Foundation for Mental Hygiene, Inc. for use of the TIQR software:

IDs or passwords that are assigned to you may not be shared. RFMH reserves the right to revoke your access if this rule is not met. For reporting purposes, we may periodically monitor your use of the system.

Your signature indicates your agreement to comply with the above-stated requirements.

## Approvals

Applicant's Signature: \_\_\_\_\_

Authorized by (Print Name & Sign): \_\_\_\_\_

--Must be Cluster or Division Administrator--

Date of TIQR Training: \_\_\_\_\_

RFMH Business Officer / Date: \_\_\_\_\_

\*IT Procurement and Other do not require Training or RFMH Business Officer signature

- Original, completed TIQR Access Request Forms are to be sent to Simone Roberts, RFMH