

Employee Name: _____

Start Date: _____

Job Description: _____

Location:

Lawrenceville

Snellville

Duluth

Hamilton Mill

Computer Name: _____

Manager Name: _____

Access Needed:

Onco EMR

SHOA Email

G4

Centricity

Phone Extension:

Comments or Additional Information:

*Reminder—NSH Apps need to be requested through separate NSH Form

For IT Use Only Below

Access Granted Date:

Distribution Groups:

AD User Name:

Email:

G4

Onco EMR

Centricity