CalJOBS[SM] System Access Request Form

Request Type

Does the staff currently have or has ever had a CalJOBS staff account?

If yes, CalJOBS username:

Indicate the action needed for this staff account:

If inactivating, provide date and time to inactivate account: (last date/time access is needed)

Staff Information

Organization Type: If Other, provide description:

Subgrantee Code[1]:   ARU[2]:

First Name: Last Name:

Agency Name: Job Title:

Office Zip Code: Phone Number: Email[3]:

Primary Office Information

Local Workforce Development Area Region:

Default Office:

Other Office Locations:

Does the staff need supervisor level access to the offices above?

Additional access needed (select all that apply):

   DVOP   LVER   TAA   ETPL   DOC (REO Corrections)   NFJP

Data Security Requirements

Staff has a business need for CalJOBS access?   Yes   No

Employee or Contractor Confidentiality Agreement Signed: Yes   No   Most Recent Date:

Information Security and Privacy Awareness Training (or equivalent) Completed: Yes   No
Most Recent Date:

Requestor Information

Name: Job Title:

Email: Phone Number:

Signature: Date:

Account Creator

Name: Job Title:

Signature: Date:

Return completed and signed form to CalJOBS System Access Coordinator

[1] Only applies to Local Workforce Development Area and Community-based Organization staff.
[2] Only applies to Workforce Services Branch staff.
[3] Email must be an organization-provided email (no personal email addresses allowed).