Network-JTS Logon Request Form

Current Date: Change Effective Date:

Status: New Type: ☐ Network ☐ e-Mail ☐ JTS ☐ VITA Internet Access:

User Information: (User's name must be the legal name - no nicknames)

First Name: Middle Name: Last Name: Suffix:

Location: Job Title: Phone #:

Facility Name: FIPS: e-Mail (except new network request):

CSU Access

Intake:

Workload:

Sub Abuse:

Risk Assess:

Clerk View:

JCC Access

Direct Care:

Jcc Summary:

Ward Grievan:

Cust. Classif.:

Pop Board:

Leader:

BSU:

Community Access

Detention:

CPR Progs:

Other Access

SIR:

GMS:

VITA Access

☐ TSO-Finds ☐ CIPPS ☐ Cars-Inquiry ☐ Cars-Entry ☐ FAACS ☐ PMIS

Comments:

ALL TYPED NAMES BELOW SERVE AS ELECTRONIC SIGNATURE AND WILL BE ACCEPTED AS VALID AND BINDING SIGNATURES.

Authorized Signature: Print Name (if faxing):

Please fax to Information Services 804-786-0848 or e-Mail Kay.Cappetta@DJJ.Virginia.gov

INTERNAL USE ONLY (MIS)

User ID: Date: Batch File: Server:

Other Access:

Comments: