



DJJ Access Request Form

Virginia Department of Juvenile Justice

Form Instructions:

1. This form must be completed and sent by the "Authorized Account Requester" to the "DJJ Account Facilitator" (Account.Facilitator@djj.virginia.gov) for processing.
2. This form must be digitally signed by the Supervisor as verification of access rights review and approval.
3. To request COV Network and Gmail email accounts complete the online VITA "COV Access Request" form at: <https://accountrequest.vita.virginia.gov/> and send to "Account.Facilitator@djj.virginia.gov"

SECTION 1 – USER INFORMATION

Full Legal First Name: _____ Full Legal Middle Name: _____
 Full Legal Last Name: _____ Suffix (Sr., Jr., III, etc) : _____
 Email: _____ Phone: _____
 Job Title: _____ Facility: _____
 Request Type: _____ Effective Date: _____

SECTION 2 – BADGE SYSTEM ACCESS

COMMUNITY MODULES

Intake
 Clerk View
 Community Insight
 CPR Programs
 Detention

INSTITUTION MODULES

Custody Classification
 Direct Care
 Resident Grievance
 Pop Board

OTHER MODULES

SIR
 GMS
 Caseload
 YASI
 Duplicate Merging

SECTION 3 – DOORS SYSTEM ACCESS

HRIS _____ Background Invest. _____

SECTION 4 – OTHER ACCESS

PMIS _____ Warehouse _____

SECTION 5 – DEPARTMENT OF ACCOUNTS APPLICATIONS

TSO-FINDS _____ CIPPS _____ FAACS _____ Cardinal - Inquiry _____ Cardinal - Entry _____

SECTION 6 – COMMENTS

SECTION 7 – SUPERVISOR REVISION AND APPROVAL

Supervisor Name: _____ Phone: _____ Email: _____

Supervisor Digital Signature: _____

By signing this form, I certify that I have reviewed and I approve all access herein requested.