

# CSCS APPLICATION ACCESS REQUEST

INSTRUCTION: E-mail completed form to [MDOT-CSCS@Michigan.gov](mailto:MDOT-CSCS@Michigan.gov).

SECTION 1. USER INFORMATION			
STATE EMPLOYEE	CONTRACTOR	OTHER	
LAST NAME	FIRST NAME		
WORKSITE ADDRESS	REGION <i>(If applicable)</i>	TSC <i>(If applicable)</i>	
PHONE NUMBER	E-MAIL ADDRESS	INFORMATION TECHNOLOGY APPLICATION/ SYSTEM NAME CSCS	
NEW USER <i>(Complete Section 2)</i>	EXISTING USER <i>(Complete Section 3)</i>	REMOVE USER ACCESS	
SECTION 2. NEW USER (ADD ROLE)			
DTMB ADMIN MDOT Supervisor Technician II Technician I Engineer Read-Only		<b>TRAINING ACKNOWLEDGEMENT</b>  Requester has received training for the role selected	
SECTION 3. EXISTING USER			
<b>ADD ROLE</b>	<b>REMOVE ROLE</b>  DTMB ADMIN MDOT Supervisor Technician II Technician I Engineer Read-Only	<b>TRAINING ACKNOWLEDGEMENT</b>  Requester has received training for the role selected	
ADDITIONAL NOTES			
APPROVALS			
REQUESTER'S NAME	SIGNATURE	DATE	
SUPERVISOR/MANAGER'S NAME	SIGNATURE	DATE	
SSA SUPERVISOR'S NAME*	SIGNATURE	DATE	

\*Requires SSA (System Security Administrator) supervisor's approval.