

SIGAM TAMS/VUEWORKS APPLICATION ACCESS REQUEST

E-mail completed form to MDOT-SigAM@Michigan.gov.

SECTION 1. USER INFORMATION			
STATE EMPLOYEE	CONTRACTOR	LOCAL AGENCY	OTHER
LAST NAME		FIRST NAME	
WORKSITE ADDRESS		REGION/AGENCY <i>(if applicable)</i>	TSC <i>(if applicable)</i>
PHONE NUMBER	E-MAIL ADDRESS	INFORMATION TECHNOLOGY APPLICATION/ SYSTEM NAME SigAM TAMS/VueWorks	
NEW USER <i>(Complete Section 2)</i>		EXISTING USER <i>(Complete Section 3)</i>	
		REMOVE USER ACCESS	
SECTION 2. NEW USER (ADD ROLE)			
Statewide Asset Manager Statewide Electrical Inspector Region Operations Engineer Lansing Signal Operations Engineer Lansing Signal Design Engineer Lansing Signal Design Technician	Lansing Signal Secretary Signal Operations Manager Signal Design Manager Bay Region Electrician Grand Region Electrician Metro Region Electrician	North Region Electrician Southwest Region Electrician Superior Region Electrician University Region Electrician TSC Traffic & Safety Engineer Read-Only	
SECTION 3. EXISTING USER			
ROLE ADD REMOVE Statewide Asset Manager Statewide Electrical Inspector Region Operations Engineer Lansing Signal Operations Engineer Lansing Signal Design Engineer Lansing Signal Design Technician	ROLE ADD REMOVE Lansing Signal Secretary Signal Operations Manager Signal Design Manager Bay Region Electrician Grand Region Electrician Metro Region Electrician	ROLE ADD REMOVE North Region Electrician Southwest Region Electrician Superior Region Electrician University Region Electrician TSC Traffic & Safety Engineer Read-Only	
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.