

Complete Account & Access Request Form for New Employee

After HR Shared Services completes the initial SAP processing for a successful candidate, they will initiate the Onboarding process in SuccessFactors for applicable hires. Onboarding applies to:

- External hires
- Internal hires who must complete benefit forms

Org Chiefs receive an email notification from SuccessFactors when Onboarding is initiated, which provides a link to complete the Digital Health Account & Access Request Form. If Onboarding does not apply for an internal hire scenario, HR Shared Services will notify the org chief by email and include a link to the Account & Access Request Form.

The form should be completed to ensure that access to systems required to perform the employee's job duties (including network, email, clinical systems, SAP, etc.) is in place for the employee on the start date.

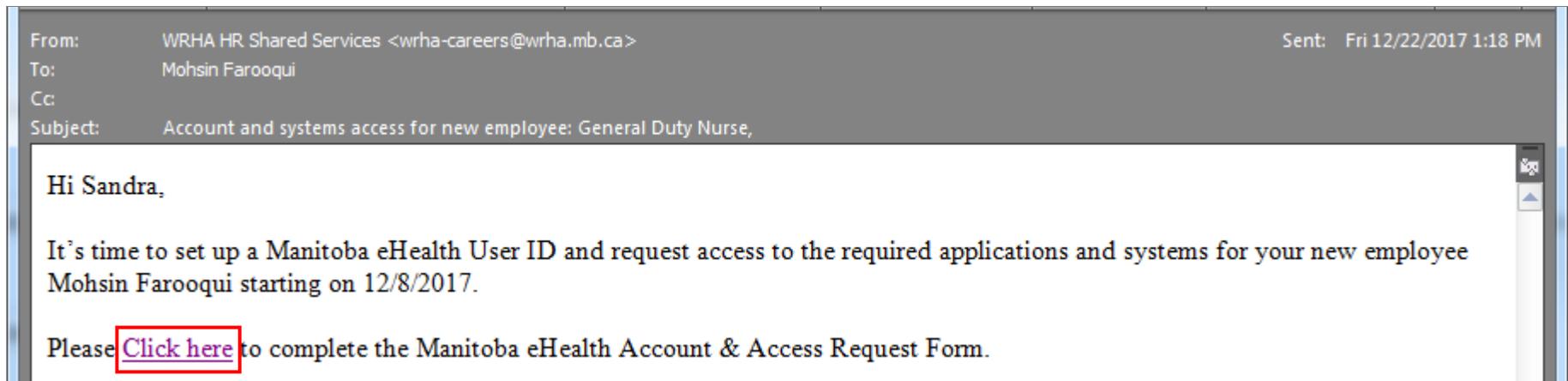
Note: If the employee already has the required network and systems access, and no updates are needed, you can omit this step. Otherwise, please complete the form, which includes any change to primary site location.

Both the Network Digital Health Account and Email/Outlook Access options must be selected on the form for all new employees to gain access to SuccessFactors.

The form is submitted to Digital Health electronically, and includes all the information necessary for them to complete setting up network and other systems access for the new employee.

Procedure

1. **Click the link** provided in the account and systems access for new employee email notification.



The *Manitoba eHealth Account & Access Request Form* opens in a browser window.

Manitoba eHealth (Mohsin Farooqui)
WRHA04_eHealth
English >>

Account & Access Request Form

Are you the authorized sponsor/manager? Yes No *

Authorized Sponsor/Manager
 Sponsor/Manager Name: Sandra Barenson
 Sponsor/Manager Email: MFAROOQUI2@WRHA.MB.CA

Job Title *

Phone Number *

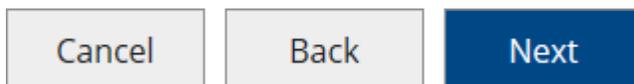
Request

The type of request must be selected based on the candidate status:

- For an **external candidate**, select "**New eHealth User ID**"
- For an **internal transfer**, please select "**Modify/Alter Existing Access or Info**"

Type of Request *

Date Required *



Note: You can click at any time to cancel the form, go back to the previous screen in the form, or go to the next screen in the form.

You must complete all mandatory fields (fields marked with a red asterisk *****) on the first page of the form. All other fields are optional, but the more fields you complete, the more information Digital Health will have to correctly set up the new employee’s access.

Mandatory Fields		
Field	Action	Subsequent Action
Are you the authorized sponsor/manager?	Click to select Yes or No	If No: Complete the following mandatory fields in the Authorized Requestor section that appears: <ul style="list-style-type: none"> • Requestor Name • Job Title • Phone Number • Email
Job Title	Enter your job title	N/A
Phone Number	Enter your phone number	N/A
Type of Request	Click to select New eHealth User ID or Modify/Alter Existing Access Info	N/A
Date Required	Click to select the year, month, and day you require the access to be active	N/A

2. Click the radio button next to:

- **Yes** in the Are you the authorized sponsor/manager? field, if you are the Org Chief or manager for the position.
- **No** in the Are you the authorized sponsor/manager? field, if you are acting on behalf of the Org Chief or manager.

Are you the authorized sponsor/manager? Yes No *

Note: If you select No, the Authorized Requestor section appears, and all four fields must be completed:

Authorized Requestor*	
Requestor Name	Nappie Kornai *
Requestor Job Title	Administrative Assistant *
Requestor Phone Number	204-888-8888 *
Requestor Email	kornai@noemail.com × *

- 3. Enter a job title for the Org Chief or manager in the **Job Title** field.
- 4. Enter the Org Chief’s or manager’s phone number in the **Phone Number** field.

Authorized Sponsor/Manager	
Sponsor/Manager Name: Sandra Barenson	
Sponsor/Manager Email: MFAROOQUI2@WRHA.MB.CA	
Org Chief/Manager Job Title	Nurse 2 *
Phone Number	204-999-9999 *

5. Select the type of request you're submitting from the drop-down list in the **Type of Request** field.

Note: Follow the instructions for this step provided on the form.

Request

The type of request must be selected based on the candidate status:

- For an **external candidate**, select "**New eHealth User ID**"
- For an **internal transfer**, please select "**Modify/Alter Existing Access or Info**"

Type of Request -- SELECT --
New eHealth User ID
Modify/Alter Existing Access or Info

Date Required 12/29/2017 *

6. Select the date you require the new employee's access to be active from the calendar in the **Date Required** field.

Authorized Sponsor/Manager
 Sponsor/Manager Name: Sandra Barenson
 Sponsor/Manager Email: MFAROOQUI2@WRHA.MB.CA

Job Title

Phone Number

Request

The type of request must be selected based on the candidate status:

- For an **external candidate**, select "**New eHealth User ID**"
- For an **internal transfer**, please select "**Modify/Alter Existing Access or Info**"

Type of Request

Date Required 12/29/2017 *

< Dec 2017 >

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

7. Click **Next**.

All remaining fields are optional, but it is recommended that you complete the following fields:

- **City**

WRHA Area	St. Boniface Hospital
Street Address	-- SELECT --
	Churchill
	Selkirk
	West St. Paul
City	Winnipeg

- **Health Authority**
- **Employee's Supervisor**

Health Authority	wrha
Employee's Supervisor	

8. Click **Next**.

Note: On the remaining pages of the form, there are several options you can select for the employee. **Only select those that are relevant to their position.**

- **Network eHealth Account**
- **Email/Outlook Access**

Note: Both Network eHealth Account and Email/Outlook Access **are required for all new employees to gain access to SuccessFactors.**

9. Click **Next**.



Network/eHealth Account
 Email/Outlook Access

3M Chart Tracking
 Accuro HSC EMR
 AGFA-PACS
 AGFA-RIS Impax
 AGFA-RIS Cognos Reporting
 AGFA-RIS DI Billing
 CBORD
 Client Registry
 CV Web/Muse View only
 Delphic LIS/MultiLab/Webmicro

eChart Manitoba - [See eChart Request Form](#)

EPR
 eRenal/EKHR

ESP - Contact your local ESP Site Admin

Cancel Back **Next**

10. Click Next.

Great Plains/FRX
 Med2020-WinRecs
 Medication Reconciliation

Medworxx Clinical Criteria - Contact your local Utilization Manager

MicroMain

myMBT - [See myMBT Request Form](#)

Oculus - [Contact your local Oculus Admin](#)

Pyxis Medication Delivery (HSC only)

Cancel Back **Next**

11. Click Next.

Account & Access Request Form

Panorama
[Panorama Manitoba](#)

PRAR
[Remedy \(Required Training in LMS\)](#)

Remote Access - Remote Access Request Form

RIS/RISE Billing
 RISE/MedEasy
 SAP
 SIMS - OR Manager Authorization required
 Remedy
 VMS / HSC Legacy App
 Other eHealth Applications

- **Shared Drive(s)**
- **Email Distribution List(s)**
- **Other Requirements/Notes**

12. Click Finish.

Manitoba eHealth (Mohsin Farooqui)
WRHA04_eHealth English >>

Account & Access Request Form

Shared Drive(s) - Provide Drive Letters(s) & Folder Names

Email Distribution List(s) - Reviews who must approve additions to certain lists by right-clicking the distribution list in the Address Book and select "properties" to see the owner.

Other Requirements/Notes - "Setup same as individual x" not a valid request

Please ensure the individual assigned the account has completed & submitted an [Authentication Questions Form](#) to the Service Desk

The *Review and Approve* screen appears, listing all the information you entered in the form.

13. Click **Next** until you have completed reviewing all fields.

Note: You can click **Back** to return to previous pages.

14. Click **Finish**.

Review and Approve - Notification Sent English >> << Back Finish

Please review the data you have entered. If any information is incorrect simply click on the incorrect data. A wizard screen will pop-up where you can correct the data. Once corrected, click 'Finish' on the pop-up to return to the Review and Approval page.

Manitoba eHealth

Account & Access Request Form

Great Plains/FRX No Med2020-WinRecs No
 Medication Reconciliation No MicroMain No
 Pyxis Medication Delivery (HSC only) No

Manitoba eHealth

Account & Access Request Form

Panorama No PRAR No
 RIS/RISE Billing No RISE/MedEasy No
 SAP No SIMS - OR Manager Authorization required No
 Remedy No VMS / HSC Legacy App No
 Other eHealth Applications No

Manitoba eHealth

Account & Access Request Form

Shared Drive(s) - Provide Drive Letters(s) & Folder Names T Drive Email Distribution List(s) - Reviews who must approve additions to certain lists by right-clicking the distribution list in the Address Book and select "properties" to see the owner. BPSP
 Other Requirements/Notes - "Setup same as individual x" not a valid request

Close << Back Finish

The form is submitted to Manitoba eHealth and the Org Chief receives an email notification, with a copy of the form attached for them to keep and review. The message “This step has been completed. Close the window. Please click X at the top of the window to close it” appears.

15. **Close** the browser window.

Note: You will not receive an incident number from eHealth when you submit the form. eHealth creates a ticket under the Org Chief’s name. If follow-up or a status check is required, reference the Org Chief’s name when you contact the Service Desk.