

MEC² Security Clearance Request



Agency information

AGENCY NAME		
ADDRESS		SUITE
CITY	STATE	ZIP CODE

Employee information

EMPLOYEE NAME (Last)	FIRST	MI
EXISTING LOGIN ID X1	INTERNET E-MAIL	ALTERNATE NAME
POSITION/TITLE	PHONE NUMBER ()	NEED LOGON ID <input type="checkbox"/> Yes <input type="checkbox"/> No

Business reason to access MEC²:

Security profile requested

- | | | |
|---|---|--|
| <input type="checkbox"/> Case worker | <input type="checkbox"/> Payment worker | <input type="checkbox"/> Staging/transfer worker |
| <input type="checkbox"/> Claims/overpayment | <input type="checkbox"/> Provider worker | <input type="checkbox"/> Supervisor (Case workers) |
| <input type="checkbox"/> Clerical worker | <input type="checkbox"/> Inquiry (Case) | <input type="checkbox"/> Supervisor (Payment workers) |
| <input type="checkbox"/> EFT worker | <input type="checkbox"/> Inquiry (Payments) | <input type="checkbox"/> Supervisor (Provider workers) |
| <input type="checkbox"/> Fraud worker | <input type="checkbox"/> Inquiry (Provider) | |

SUPERVISOR'S NAME (Please print)	
SUPERVISOR'S SIGNATURE	DATE
SECURITY LIAISON'S NAME (Please print)	
SECURITY LIAISON'S SIGNATURE	DATE

Send completed form to:

MEC² Security Team
 PO Box 64965
 St. Paul, MN 55164-0965 or
 DHS.TSS.SECURITY@STATE.MN.US or
 Fax (651) 431-7531

For DHS use only:

Date received:

Worker initials: