ACADIS PERMISSION FORM

Department/Agency		DATE	
Requested By		Phone	
Title		E-Mail	
Employee Name		CLEST ID	

AVAILABLE PERMISSIONS

Please check the available permissions you are authorizing for the above employee.

Permission	Yes	No
Sub-Organizations (Allows the user to see and have access to employees in sub-organizations of your Department.)		
Registration (Allows the user to act as Training Coordinator to register for all active personnel)		
Training (Allows the user to submit training events and student information – in service events, deferred enrollment classes, test results – and request lesson plan approval.)		
Organization Information (Allows the user to view organization information, update that information, manage certifications, and edit points of contact and contact information.)		
Organization Certificates (Allows the user to submit applications for certification renewal.)		
View Personnel (Allows the user to view the list of active personnel in the organization in addition to detailed profiles.)		
Personnel Information (Allows the user to submit requests to update personnel information.)		

By signing below, you agree that you will update the Standards office in the event this employee's status changes and he/she no longer requires the above access. Please note that this form must be signed by the chief or sheriff of the Department, or his or her authorized representative.

_____
Signature