

Consent to Access Electronic Information

This form is required for UCSF to access the electronic information of a staff employee who separates from UCSF, transfers to another UCSF department, or goes on leave. *This form may only be signed if the separation, transfer, or leave dates are known.*

Department of Medicine Instructions

The Data Access Request Form should be completed and signed together by the employee and his immediate supervisor. If the employee does not have an immediate supervisor then the Division Administrator should sign in the supervisor's place.

1. Manager or supervisor completes entire form, making sure to check the box identifying whether the employee is separating, going on leave, or transferring.
2. From the **File** menu select **Save As...** and save a copy of the completed form.
3. Print the completed form and present it to the employee for signature.
4. The manager or supervisor should sign the form and retain a copy.
5. Send the signed form to
 - a. DOM IT Services, Fax 276-4763, email domit@medicine.ucsf.edu, Box 1211;
 - b. DOM Human Resources, Fax 502-1497, Box 1211; and
 - c. UCSF Legal Affairs, Box 0986.

Preparing for Access

After the form is completed the supervisor should give the employee specific instructions for preparing her data for access. Some examples:

- At the close of business on the day the employee is leaving, she should archive all mail from her inbox into the email archives on her computer.
- If separating or transferring, the employee should remove all personal emails and files from data being transferred to his supervisor or successor.
- Files should be put in a folder named **Data Transfer** and stored on a common file server or in the **Shared Documents** folder on the employee's computer.
- The supervisor should consult with her IT service provider to make sure that files and folders stored on a common file server are made accessible to the supervisor and/or the employee's successor.
- The supervisor should give the employee wording for his Out of Office message, and the employee should enable the Out of Office message a week or more before his last day.

Consent to Access Electronic Information

I authorize UCSF to access all electronic information maintained on my assigned UCSF computing and telephony devices. All reasonable attempts will be made not to access personal information.

Print Employee Name

Division

Employee Signature

Date

The above-named employee is:

Separating from UCSF effective _____

On leave effective _____ through _____

Transferring within UCSF effective _____

Print Manager/Supervisor Name

Division

Manager/Supervisor Signature

Date

SIGNED FORM MUST BE RETAINED BY THE REQUESTING DIVISION

Send signed copies via fax, email, or campus mail to:

- DOM IT Services, Fax 276-4763, domit@medicine.ucsf.edu, Box 1211
- DOM Human Resources, Fax 502-1497, Box 1211
- Legal Affairs, Box 0986