

Requesting Access to the GIS data library through ASAP

The GIS data library is available to all users in Jefferson City. You do not need to have GIS software to gain access to the library, but the information it contains is of limited use without it. Users must complete a separate ASAP to request access to the GIS software.

SIGN IN into ASAP with your User id and password. (A link for ASAP is found on the department's Intranet page.)

If you want to submit a request form for yourself, choose the option "COMPLETING FOR SELF".

If you are completing for another employee you will need to know that person's user ID and the last 4 digits of their SSN.

Choose the Area Type: Health Applications

Who are you completing this ASAP request for?

- COMPLETING FOR SELF
 COMPLETING FOR OTHER EMPLOYEE

NEXT

Please enter the Employees User ID and Last Four Digits Of S.S.N

User Id
Last Four Of S.S.N:

NEXT

*Area Type:

- Choose an Area Type--
-- Choose an Area Type--
HEALTH APPLICATIONS
MAINFRAME(DDP-137)
NETWORK USER ACCESS REQUEST

From the list of Health Applications, choose GIS.

- HEALTH APPLICATIONS
-- Choose a Health Area Type--
ERCDS
FAMILY CARE SAFETY REGISTRY
FAMILY PLANNING
GIS
HCS PROVIDER APPLICATION
IMMUNIZATION
KOFAX
LABRAT
LEARNING MANAGEMENT SYSTEM
MAIRS
MCBHV

Choose the role Read Only (only GIS administrators are granted write access to the library).

- Choose Role Type--
-- Choose Role Type--
GIS ADMIN()
OTHER()
READ ONLY()

The screen should look like this:

* Denotes Required Fields

*Area Type:	HEALTH APPLICATIONS
*Health Area Type:	GIS
*Request Type:	ADD ACCESS
*Role:	READ ONLY()
*Other Role/Report Type:	NONE
Comments	<input type="text"/>
Do you enter Data for Additional Agencies?	<input type="radio"/> YES <input checked="" type="radio"/> NO

If you need access to another folder on the M:\ drive for your unit, please include here.

I, THE UNDERSIGNED, AN EMPLOYEE OF THE STATE OF MISSOURI OR AUTHORIZED USER OF DEPARTMENT DATA, UNDERSTAND THAT APPROVAL AND ASSIGNMENT OF THE REQUESTED ID OR APPROVAL OF THE REQUESTED CHANGE ENABLES ME TO ACCESS THE RESOURCES WHICH, BY LAW, MUST BE UTILIZES ONLY IN THE PERFORMANCE OF MY ASSIGNED DUTIES. THEREFORE, I AGREE TO MAKE NO INQUIRIES OR UPDATES WHICH ARE NOT REQUIRED IN THE PERFORMANCE OF MY OFFICIAL DUTIES. I UNDERSTAND THAT STATE AND FEDERAL STATUTES REQUIRE CONFIDENTIALITY OF INFORMATION AND PROVIDE PENALTIES FOR UNAUTHORIZED ACCESS, USE AND/OR DISCLOSURE OF INFORMATION. VIOLATIONS OR DISCLOSURES ON MY PART MAY RESULT IN DISCIPLINARY ACTION THAT COULD BE ONE OR ALL OF THE FOLLOWING: (1) SUSPENTION, (2) CIVIL COURT AND (3) DISMISSAL. I AGREE TO KEEP CONFIDENTIAL ALL INFORMATION MADE AVAILABLE TO ME IN THE PERFORMANCE OF MY OFFICIAL DUTIES. IN ADDITION, I AGREE NOT TO DIVULGE OR SHARE MY PASSWORD WITH ANYONE.

I Agree

Quit

You must click I Agree to the statement of understanding before you can proceed.

Once you agree to the statement, the Submit Form button will be activated.

Submit Form

You may wish to print a copy of this form for you records.

The form is routed through the ASAP system to the local security officer for the GIS server (Tracy Schloss).

Once access is granted, the user will be assigned a new network folder as M:\GISDATA.

Last Updated 12/17/2007

Tracy Schloss