



PSMS Scope/Report Change Request Form for Supervisors, Managers & Directors

* *Mandatory*

* First & Last Name: <i>(Please Print)</i>													
* Job Title:													
* Email Address:													
* Phone:													
* Site/Facility:													
Change Requested: <i>(Check all that apply, and fill out the corresponding details. If not applicable, please leave blank)</i>	<p>“New” Access/Scope <input type="checkbox"/></p> <p><i>(Scope refers to the files you have access to in PSMS, related to your work area)</i></p> <p>Facility: <i>(i.e. QEH)</i></p> <p>Area(s): <i>(i.e. Unit 1)</i></p> <p><input type="checkbox"/> <i>Remove Previous Access/Scope</i></p>	<p>“Act As” Functionality <input type="checkbox"/></p> <p><i>(“Act As” temporarily assigns the applicant’s Scope to the individual listed below, while on Vacation or any other type of Leave)</i></p> <p>Name: _____</p> <p>Title: _____</p> <p>Start Date: _____</p> <p>End Date: _____</p>											
Scheduled Reports and Alerts: <i>(Check all that apply. If not applicable, please leave blank):</i>	<p>Monthly Report</p> <p>New Events Report - Last 24hrs <i>(runs daily, regardless of events)</i></p> <p>Hourly Alert <i>(severity level of 4 or greater)</i></p> <p>New Events Alert - Last 24hrs <i>(runs only when new events occur)</i></p> <p>Do you require a different report? <i>If so, please email SERVICECENTRE@gov.pe.ca with the Subject Line ‘PSMS Report Request’. Provide the rationale for the report requested, as well as the details of what you would like to see in the report, how often you require it (i.e. daily, weekly, monthly) and who should receive it. Please be sure to include a contact number.</i></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;"><i>Add</i></th> <th style="text-align: left; padding: 5px;"><i>Remove</i></th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </tbody> </table>	<i>Add</i>	<i>Remove</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	<input type="checkbox"/>												
* Approver’s Name: <i>(Please Print)</i>													
* Date:													
* Approver’s Signature:													

Please return the completed form to the Service Centre by email (SERVICECENTRE@gov.pe.ca) or fax (902-368-4716).
Any other PSMS questions or concerns, please email the Service Centre or call 3600 (902-620-3600).