

UPMC Pinnacle

INFORMATION SERVICES DEPARTMENT SECURITY REQUEST FOR

EPIC REQUEST

Requestor Information: *(this section must be completed for all requests)*

First Name: _____ MI: _____ Last Name: _____

PHS Title/Role: _____ Student ID #/SS # (last 4 digits): _____ DOB: _____ (mm/dd/yyyy)

Cost Center: Learning Institute

Program: HACC RN/LPN Messiah RN Penn State RN York RN
 Other _____

Dept. Mgr: **Christina Johnson/Brooke Nadu - Student Placements**

Need by: _____ **End date:** _____ **Telephone Number:** _____

Are you currently a UPMC Pinnacle employee with a log-in? Yes No
If yes, what is your Employee Network Logon _____

Need for: Site: _____ Location: _____

Campus: _____ Harrisburg _____ Community _____ West Shore _____ Carlisle _____ Lititz
_____ Hanover _____ Memorial

Department/ Unit _____

Floor _____

INSTRUCTOR INSTRUCTIONS:

This form – type directly on form - email to: Christina Johnson
johnsoncj2@upmc.edu for Harrisburg; Community; West Shore; Carlisle
or Brooke Nadu nadubm@upmc.edu for Lititz; Memorial; Hanover

Questions – Call Christina Johnson at 717-221-6214
or Brooke Nadu @ 717-231-8377

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