



TJJD Grants Portal User Authorization Request

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

Last Name:	First Name:	Job Title:
Phone Number:		Email Address: <i>(Must be individually accessible by the person listed above. Shared email addresses are not acceptable.)</i>
User Role:	Program:	
<u>Probation Department Staff Only</u> <input type="checkbox"/> Probation Department – Non Chief <input type="checkbox"/> Probation Department – Read Only Access <input type="checkbox"/> Probation Department – Residential Programs Approval <input type="checkbox"/> Probation Department – Chief (note, Chiefs will be assigned a chief@county username), but this form is required in order to be approved for access	<u>TJJD Staff Only</u> <input type="checkbox"/> Employee - Regional <input type="checkbox"/> Employee – Grant Manager <input type="checkbox"/> Employee – Grant Coordinator <input type="checkbox"/> Employee – Program Admin <input type="checkbox"/> Employee – Panel Reviewer <input type="checkbox"/> Employee – Other Reviewer <input type="checkbox"/> Employee – Auditor Mirror existing employee name:	
<input type="checkbox"/> Is this a returning employee? (either Probation staff or TJJD)		
Terms of Agreement:		
By signing below, I verify that I have provided TJJD with true, accurate, current, and complete information about myself on this form and I accept the following terms and conditions for use of the TJJD Grants Portal application provided by TJJD. <ul style="list-style-type: none"> I agree to promptly update my personal information contained on this form as needed. I agree to maintain the security of the password assigned to me and to be responsible for all activities that occur under my password. I agree to immediately notify TJJD of any breaches in password security. I understand that TJJD reserves the right to decline to issue a password and that TJJD may deactivate or delete the assigned password for prolonged inactivity or for any other reason TJJD considers appropriate or necessary. 		
Signature		Date

I, _____, **chief juvenile probation officer** of _____, **OR TJJD Manager**, understand that I must immediately instruct any authorized user whose access privilege is terminated, relinquished, or suspended for any reason, including, but not limited to, separation from employment or termination of contractual agreement, that the user is prohibited from accessing the system. I agree to notify TJJD as soon as possible but no later than one business day after a user is separated from employment, ceases to provide contracted services, relinquishes access, or has access privilege terminated or suspended for any reason. I understand the purpose of this notification is to allow TJJD to promptly disable the account of the user.

Signature

Date

Submit completed form to CustomerSuccessTeam@tjjd.texas.gov. Questions? Contact 512-490-7724.

NOTE TO USER: With few exceptions, you are entitled upon request: (1) to be informed about the information TJJD collects about you; and (2) to receive and review the collected information. You are also entitled to request that incorrect information that TJJD has collected about you be corrected. Sections 552.021, 552.023, and 559.004, Government Code.