**PEOPLE FIRST LEARNING MANAGEMENT AUTHORIZATION FORM**

This form must be completed, signed and submitted by the agency’s Human Resource Officer (or designee). **Email the completed form to** **PeopleFirstTalentManagement@dms.myflorida.com****.**

***Human Resource Officer:***

By submitting the following information, you are assigning this employee the authority to access the People First Learning Management System (LMS) and the data contained within, according to the access indicated below. Your agency is responsible for ensuring that the employee fully understands the proprietary nature of your agency’s training information. You are responsible for sending update and delete requests when the employee’s role changes within your agency. **For a separation from the agency, the employee’s access is not systematically revoked once the separation action is completed in People First and a “delete access” request must to be submitted.** If at any time there are questions on how to complete this form, contact Briana Mandakunis at 850-487-1620.

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| **Agency Name:**  | **Agency Code:**  |
| **Type of Action: New** [ ]   **Delete** [ ]  |
| **Employee Name:**  |
| **Employee Telephone Number: Extension:**  |
| **Employee People First Login ID:**  |
| **Employee Email Address:**  |

 **ACCESS PRIVILEGES** (Please select the access level below)

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| **Requested Access Level** |
| **Agency Administrator** [ ]  **Agency Trainer** [ ]  **\*Statewide Trainer** [ ] **\* Statewide access may only be provided to employees of DMS and DFS.**  |

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| **Agency Human Resource Officer (HRO) Authorization** |
| **Name (print):**   |
| **Signature: Date:**  |
| **Telephone Number: Extension:**  |
| **Email Address:**  |