



PE Access and Change Request

User Information:

All fields are required – enter “x” in the **MI** field only if the User doesn’t have a middle name.

Last Name	First Name	MI	Phone Number/ext.	Email Address
Supervisor:			Phone Number	Email Address
Employee’s Functional Job Title:			Employee’s Site Location:	

1. Review the request for incomplete or incorrect information.
2. If you approve, sign and date below, scan the document, and **attach** to an e-mail. The final request form must be a stand-alone document e-mailed from the general POC’s mailbox. Include the employee’s name in the Subject field.
3. E-mail the form to: kdhe.PERequest@ks.gov
4. If you are unable to email the form, please send hardcopy to:

Presumptive Eligibility Team
900 SW Jackson, Suite 900 N
Topeka, KS 66612

General POC Signature: _____ Date: _____

PE Security Access

If you are unsure of which permissions to request, please indicate an existing user we can mirror in the comment section below.

ADD	SECURITY GROUP NAME	ADD	SECURITY GROUP NAME	ADD	SECURITY GROUP NAME
<input type="checkbox"/>	PE Staff	<input type="checkbox"/>	PE Supervisor	<input type="checkbox"/>	PE Contractor

[Click here for PE Refresher Training.](#)

[Click here to remove all PE access. Include a reason and date that can be associated with this event in the comment section below.](#)

COMMENTS: