

Attachment A

Request Form for SHIMS Version 4.0 Access

Please submit user information in the following template format and forward by e-mail to Fitzhugh.Marsha@dol.gov by INSERT DATE.

Center name:

Center region:

Primary Recorder:

Primary Recorder Title:

Primary Recorder E-mail:

Primary Recorder Phone, Extension:

Secondary Recorder:

Secondary Recorder Title:

Secondary Recorder E-mail:

Secondary Recorder Phone, Extension:

Human Resource Recorder

Human Resource E-mail:

Human Resource Phone, Extension:

Human Resource E-mail: