



Contract Employee Sponsor Form for Contractor Management

1. Complete the information
2. Sign Bottom
3. Give to the Department Director or Educator to submit for sponsorship.

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| Facility ID: 430 Placentia-Linda Hospital |  |
|   |  |
| First Name*                               |  |
| Middle Name or initial                    |  |
| Last Name*                                |  |
| Social Security Number* (9 digit)         |  |
| Month and Day of Birth* (MM/DD)           |  |
| Title (RN, LVN, Student, etc)*            |  |
| Personal email address*                   |  |
| Sponsor Name or School                    |  |
| Dept. Name                                |  |
| Dept. Phone Number                        |  |
| Your Phone number                         |  |
| Reason for Access                         |  |
| User Type                                 |  |

**\* Denotes REQUIRED information or application cannot be processed**

Computer Access Privileges are granted to Tenet contract employees at the lowest possible level pursuant to the efficient performance of the employee's duties and must be used only for Tenet authorized business. Computer access devices, such as user identity codes and passwords, remain the property of Tenet and are not to be divulged to any other person unless approved by Perot Systems Security. Unauthorized access to, use and possession of, removal of, and/or damage to company records is a breach of Tenet corporate policy and may result in disciplinary and/or legal action. I agree to keep my access code confidential and to guard the confidentiality of all system information. As a Tenet contract employee, I share responsibility for the protection of Tenets' information assets and will be held accountable for maintaining their integrity, confidentiality, and availability. Violation of this policy will be grounds for disciplinary action, up to and including termination. Tenet Healthcare Corporation reserves the right to pursue legal prosecution under local, state, and federal statutes. I have read and understood the content of the above Security Statement and agree to accept and abide by the policies stated herein.

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|---------------------|------|----------------------------|------|
| Applicant Signature | Date | Sponsor/Director Signature | Date |
|---------------------|------|----------------------------|------|