

Contract Employee Sponsor Form

1. Complete the information/ sign
2. Give to the Department Director to submit for sponsorship.

Facility ID	430	Placentia-Linda Hospital
First Name*		
Middle Name or Initial		
Last Name*		
SS Number*	<small>last 4 digits is NOT enough</small>	
Month and Day of Birth*		
Title (RN, LVN etc)*		
Personal email address*		
Sponsor Name		
Dept. Name		
Dept. Number		
Phone number		
Reason for Access		
User Type	Contractor	

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 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 Tenet's 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.

 Applicant Signature

 Date

 Sponsor/Director

 Date

* denotes *required* information or application cannot be processed