ACADIS PERMISSION FORM

Department/Agency		**DATE**	
Requested By		**Phone**	
Title		**E-Mail**	
Employee Name		**CLEST ID**	

AVAILABLE PERMISSIONS

Please check the available permissions you are authorizing for the above employee.

Permission	Yes	No
Sub-Organizations (Allows the user to see and have access to employees in sub-organizations of your department.)		☐
Registration (Allows the user to act as Training Coordinator to register for all active personnel.)		☐
Training (Allows the user to submit training events and student information – in-service events, deferred enrollment classes, test results – and request lesson plan approval.		☐
Organization Information (Allows the user to view organization information, update that information, manage certifications, and edit points of contact and contact information.)		☐
Organization Certificates (Allows the user to submit applications for certification renewal.)		☐
View Personnel (Allows the user to view the list of active personnel in the organization in addition to detailed profiles.)		☐
Personnel Information (Allows the user to submit requests to update personnel information.)		☐

By signing below, you agree that you will update the Standards office in the event this employee's status changes, and he/she no longer requires the above access. Please note that this form must be signed by the chief or sheriff of the department, or his/her authorized representative.

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Signature