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John Bel Edwards, Governor
Ava Dejoie, Secretary

Office of Workforce Development

HiRE Access Request Form

Please complete this form and upload into the Documents Section of the Provider Profile

Section 1: Provider Information

1. Name of Institution: _____

2. Institutional Code: _____

Section 2: HiRE Access

Access Type

Name of Contact:

Title:

Phone #

Email:

HiRE User Name:

HiRE Security Question and Answer:

- I. The 'Training Provider User' shall not perform any illegal, fraudulent or dishonest action
- II. The 'Training Provider User' shall be responsible and accountable for all computer transactions logged against his/her password.
- III. The 'Training Provider User' shall be the sole user of the User ID mentioned above throughout their duration of their employment with Training Provider Institution
- IV. Any additions or amendments to this agreement may be implemented and become effective by a showing that the 'Training Provider User' was given notice of the addition or amendment and without need for republishing and signing a new agreement.

I understand that this agreement (or a signed revision thereof.) will remain binding throughout my entire user access of the Training Provider Profile. I agree to abide by this policy and understand that non-compliance with any part of the policy may constitute grounds for disciplinary action which may include, but is not limited to, the following:

1. A letter of warning
2. Removal of User Access
3. Removal of Program(s) ETPL Eligibility
4. Inactivation of Provider Profile and User ID

FAILURE TO SIGN THIS AGREEMENT WILL RESULT IN DENIAL OF PROVIDER PROFILE ACCESS TO USER ID.

I do hereby certify that I have read, understand, and have been given a copy of HiRE Information Access Agreement

X

Signature

Date

Send questions to CRS@lwc.la.gov