Requesting Network Access in the Enterprise Portal

Identity and Access Management

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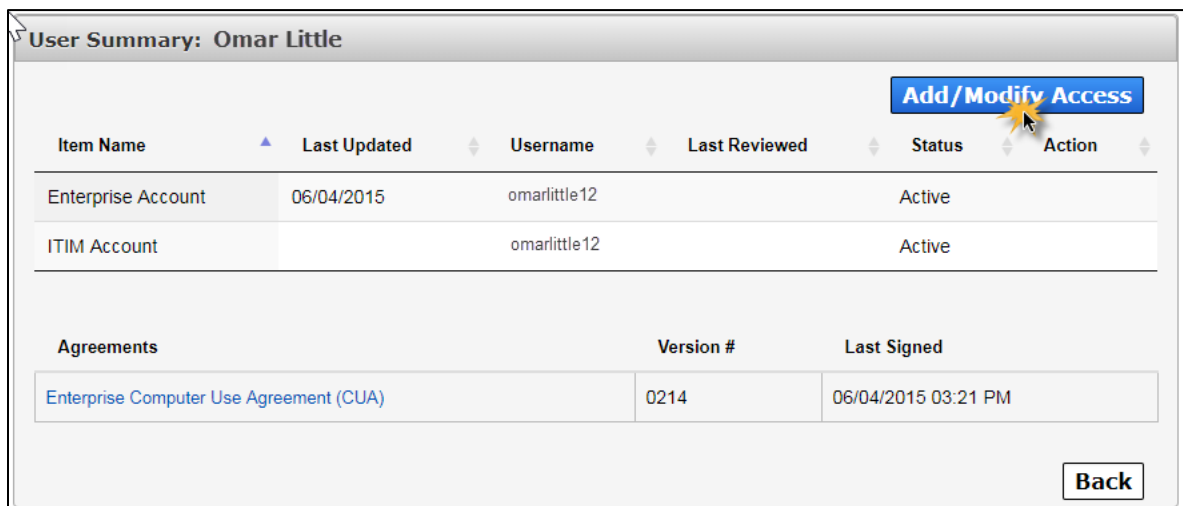# Requesting Network Access in the Enterprise Portal

Network Access is used to add, modify or delete HHSC Outlook accounts and other network permissions. Requests can be made you or by supervisors on behalf of their employees. You or your employees must have a signed HHS Acceptable Use Agreement on file before access can be granted. You will receive an update to your request within ten business days. This document provides information on the following:

- [Requesting Network Access for an Employee](#)
- [Requesting Network Access for Yourself](#)
- [Completing the Provide Information: Network Access Screen](#)

Requesting Network Access for an Employee

1. Sign into the Enterprise Portal using your **Username** and **Password**.
2. Select **Manage Access** in the staff member's row to open the **User Summary** screen.

   Figure 1 User Summary screen

3. Select **Add/Modify Access** to open the **Select Items** screen.

Figure 2. Select Items screen

Figure 3. Review Order screen

4. Select **Network Access**.
5. Click **Next** to open the **Review Order** screen.

6. Click the **Information Required** link to open the **Provide Information: Network Access** screen.
7. Complete the fields as described in the Completing the Network Access Ordering Screen section. Fields noted with an asterisk are required.
8. Click **Next** to open the **Review Order** screen.

Figure 4. Review Order screen

9. Check the **I understand that by submitting this order I am agreeing that all information in each request is true and necessary** checkbox.
10. Click **Submit Order**. Your request will be updated within 10 business days. You will receive an email and a portal notification on your **Home** page when your request has been granted.

Requesting Network Access for Yourself

1. Sign into the Enterprise Portal.
2. Select **Manage Access** under **Access Management** to open the **Select Items** screen.

Figure 5. Select Items screen

3. Select **Network Access** on the **Select Items** screen.
4. Click **Next** to open the **Review Order** screen.

Figure 6. Review Order screen

5. Click the **Information Required** link to open the **Provide Information: Network Access** screen.
6. Complete the fields as described in the Completing the Network Access Ordering Screen section. Fields noted with an asterisk are required.
7. Click **Next** to open the **Review Order** screen.

Figure 7. Review Order screen

8. Check the **I understand that by submitting this order I am agreeing that all information in each request is true and necessary** checkbox.
9. Click **Submit Order**. Your request will be updated within 10 business days. You will receive an email and a portal notification on your **Home** page when your request has been granted.

Completing the Provide Information: Network Access Screen

Complete the fields on the **Provide Information: Network Access** screen as described in the table below.

Figure 8. Provide Information: Network Access

Provide Information: Network access(HHSC Only) (Network Access) ⓘ

Complete the following information before submitting your request:

- **HHSC Only - (SSLC and State Hospital staff - please follow your local process)**

Individual Type *
Select One ▾

Division

Individual Supervisor *
Dhiren Patel

Effective Date *
mm/dd/yyyy 📅

Is CAPPS Information correct? *
○ Yes ⦿ No

CAPPS Position Number *

CAPPS Employee Number *

Position Title *

Functional Title

Facility ID *

Building & Room Number

Outlook access needed *
○ Yes ○ No

Shared Folder Access ⓘ
○ Yes ⦿ No

Shared Mailboxes
○ Yes ⦿ No

Conference Room Access
○ Yes ⦿ No

Shared Calendar Access
○ Yes ⦿ No

Outlook Distribution Groups/lists
○ Yes ⦿ No

Comments *(Maximum character length is 250)*

Legal First Name *

Middle Name

Last Name *

Nickname (Display Name)

Phone Number
###-###-####

Dept ID *

Street Address *

City *

State *
Select One ▾

Zip Code *

Location(s) *
State Office/Region (HHSC) ▾

VPN needed? *
○ Yes ⦿ No

Shared Resources Creation ⓘ

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Table 1. Provide Information: Network Access Field Descriptions

Field	Description	Required?
Individual Type	Select the type of employee for whom access is being requested.	Yes
Division	Indicate the agency **Division** for the employee for whom access is being requested.	No
Individual Supervisor	Indicate the **Supervisor** of the individual for whom access is being requested.	Yes
Effective Date	Indicate the **Date** you wish the changes to take effect. This could be the **Start** or **Termination Date** of the employee for whom access is being requested or modified.	Yes
Is CAPPS Information Correct?	Indicate whether the following pre-populated information from CAPPS is correct or not.	Yes
CAPPS Position Number	Provide the **Position Number** from CAPPS of the individual for whom access is being requested or modified. ● If the information comes from CAPPS, this field is pre-populated and is not editable. ● If, in the previous field, you designated that the CAPPS information is correct but there is no data in this field, then this field is editable and mandatory. ● If, in the previous field you designated the CAPPS information is incorrect, this field is optional and editable	Yes
CAPPS Employee Number	Provide the **Employee Number** from CAPPS of the individual for whom access is being requested or modified. ● If the information comes from CAPPS, this field is pre-populated and is not editable. ● If, in the previous field, you designated that the CAPPS information is correct but there is no data in this field, then this field is editable and mandatory. ● If, in the previous field you designated the CAPPS information is incorrect, this field is optional and editable	Yes

Field	Description	Required?
Position Title	Provide the **Position Title** for the individual for whom access is being requested. • For employees, Position Title is pre-populated and not editable. • If there is no information from CAPPS, this field is editable.	Yes
Functional Title	Provide the **Functional Title** of the individual for whom access is being requested. • For employees, Position Title is pre-populated and not editable. • If there is no information from CAPPS, this field is editable.	No
Facility ID	Provide the **Facility ID** for the individual for whom access is being requested.	No
Building and Room Number	Provide the **Building** and **Room Number** of the individual for whom access is being requested	No
Outlook Access Needed	Select **Yes** to request access for new employees. Employees need this access to have access to email. If the employee has left the agency, select **No** to delete their access. Provide **Comments** in the **Comment** section if an email back-up is needed for an employee no longer with the agency.	Yes
Shared Folder Access	Select **Yes** to gain access to a Shared Folder. Select **No** to remove access. Provide the **Shared Folder** name and mapping/server name in the **Comments** section.	Yes, if you are requesting access to a Shared Folder.
Existing Shared Folder *Maximum character length is 250*	Provide the name and mapping/server name of the **Shared Folder** for which you are requesting access. Example: Name of folder: SG-HOOT1001VFSRV05_Filepath: \\H00T1001VFSRV05\	Yes, if you are requesting access to a Shared Folder.
Shared Mailboxes	Select **Yes** to request access to a **Shared Mailboxes**. Select **No** to remove access. Provide the **Shared Mailboxes** address or display name in the **Comments** section.	Yes, if you are requesting access to Shared Mailboxes.

Field	Description	Required?
Existing Shared Mailboxes *Maximum character length is 250*	Provide the **Shared Mailbox** address or display name. Example: HHSC IT Services	Yes, if you are requesting Shared Mailbox Access
Conference Room Access	Select **Yes** to request access to **Conference Rooms**. Select **No** to remove access. Provide the **Conference Rooms** name in the **Comments** section.	Yes, if you are requesting access to Conference Rooms.
Existing Conference Room Access *Maximum character length is 250*	Provide the **Conference Room Name** for which you are requesting access. Example: HHSC ConfRM AUS Winters_320 (Conference Room Name and Room #)	Yes, if you are requesting Conference Room Access
Outlook Distribution Groups/Lists	Select **Yes** to request access to **Outlook Distribution Groups/Lists**. Select **No** to remove access. Provide the **Outlook Distribution Groups/Lists** display name in the **Comments** section.	Yes, if you are requesting access to Outlook Distribution Groups/Lists.
Existing Outlook Distribution Groups/lists *Maximum character length is 250*	Provide the display name of the **Distribution List**. Example: DL HHSC IT Services	Yes, if you are requesting Outlook Distribution/Groups Access
Legal First Name	Provide the **First Name** of the individual for whom access is being requested/modified.	Yes
Middle Name	Provide the **Middle Name** of the individual for whom access is being requested/modified.	No
Last Name	Provide the **Last Name** of the individual for whom access is being requested/modified.	Yes
Nickname (Display Name)	Provide the **Nickname** of the individual for whom access is being requested/modified.	No
Phone Number	Provide the **Phone Number** of the individual for whom access is being requested/modified. This is the published business phone number.	No
Dept. ID	Provide the **Department ID** of the individual for whom access is being requested/modified.	Yes
Street Address	Provide the **Physical Street Address** of the individual for whom access is being requested or modified.	Yes

Field	Description	Required?
City	Provide the **City** of the individual for whom access is being requested/modified.	Yes
State	Provide the **State** of the individual for whom access is being requested.	Yes
Zip Code	Provide the **Zip Code** of the individual for whom access is being requested/modified.	Yes
Location(s)	Indicate the office **Location** of the individual for whom access is being requested/modified. Valid values are as follows: State Office/Region (HHSC) (default).	Yes
VPN Needed?	Select **Yes** to request **VPN** access. Select **No** to remove **VPN** access. Make a note in the **Comment** section that you are removing **VPN** access.	Yes
Shared Resources Creation	Click the question mark to view details about **Shared Resources Creation**.	No
Comments (Maximum character length is 250)	Enter detailed **Comments** regarding your request as applicable.	No