

## Information Needed for Security Request

After Level 1 training is complete, please send the request for security clearance to [KDHE.WicStaffChange@ks.gov](mailto:KDHE.WicStaffChange@ks.gov) with the following information:

- **Name:** \_\_\_\_\_  
New employee's first and last name (spelled as desired in the KWIC system)
- **Clinic/Agency Name:** \_\_\_\_\_  
Name of all WIC clinics
- **Is the employee new?** \_\_\_\_\_ **Is the employee a current employee needing additional KWIC access?** \_\_\_\_\_ **Has the employee previously had KWIC clearance?** \_\_\_\_\_
- **Requested Security Clearance:** \_\_\_\_\_  
KWIC security status desired (See [ADM 07.02.01 KWIC User Security](#) for information about determining appropriate KWIC security status—options include Receptionist, Clerk, RN, RD, KWIC Administrator, Local Agency Vendor Manager, Breastfeeding Peer Counselor)
- **Did employee complete Level 1 Training for the Security Clearance(s) requested?** \_\_\_\_\_
- **Supervisor Name:** \_\_\_\_\_ **Supervisor Phone:** \_\_\_\_\_ **Supervisor Email:** \_\_\_\_\_  
\_\_\_\_\_  
First and last name, phone, and email address of the new employee's supervisor submitting the request.