

# Steps to Electronically Request imMTrax User Permissions Change

Follow the steps below for the process to request changes to an employee's *imMTrax* user access permissions. The imMTrax User Permissions Change Request Form may only be submitted by a supervisor seeking changes in available system functions/permissions to an employee's existing active imMTrax account. All changes are subject to approval. This form cannot be used to request to transfer an existing user's access to a new work location. If you need to transfer a user's imMTrax access to a new work location, please submit a Change Employer access request

Please do not attempt to open the forms in an iPhone or other Apple device.

The forms cannot be opened in Safari web browser.

## Supervisor Steps:

1. **Supervisor** will create an Okta account (if they don't have one) by visiting login.mt.gov and following the instructions in the [Okta Account Creation Guide](#).
  - a. \*Please **log out** of Okta once you have finished creating your account.
2. Supervisor will open the imMTrax Access Request form at following link:

[Electronic imMTrax Access Request Form](#)



imMTrax Access Request

imMTrax Access Request

Note: When you click the link to the imMTrax Access Request form you will be prompted to log into **Okta\***, a security authenticator. Choose Citizen login when prompted.

**\*Please ensure you have an Okta account BEFORE clicking this link.**

3. Supervisor completes the imMTrax Access Request Form.



a. Supervisor completes the employee/User Info Section (input the information for the employee you are submitting an imMTrax access permissions change request for.

- b. Choose a **Request Type of User Permissions Change**

* Type of Request User Permissions Change - Supervisor Submission Required	
* Legal First Name Nancy	* Date of Birth 09-20-1983
Legal Middle Name Permissions Change	* Phone Number (ex. 406-444-4444) 406-444-5580
* Legal Last Name Nurse	* Email Address ⓘ The email address *cannot* be a shared email address. ✖
* Are you an internal state employee? No	nancy.nurse@imMTraxhealthdept.org
* Employer imMTrax Health Department	* Job Title RN / VFC Alternate
* Location Name ⓘ imMTrax Health Dept	VFC PIN Number
* Address 101 imMTrax Street	* City Helena
* State MT	* County Lewis and Clark
* Zip 59601	

- c. Supervisor Completes Requested Access Info Section  
NOTE: School-Based imMTrax users are only authorized for read-only access to comply with FERPA.

**Requested Access Information**

\* Start Date   End Date (If Applicable)  

\* Please list access requested here:

\* Give a brief justification as to why access is needed

\* Supervisor's Name  \* Supervisor's Job Title

- d. Supervisor checks the box as the Authorizing Official who can authorize the imMTrax access request

**Authorizing Official:**

I understand that it is my responsibility to inform the State of Montana Immunization Program immediately when this access is no longer needed. I am authorized to request access for this employee at the location specified.

**After submitting this request, the requested user will receive an email with further instructions to complete the imMTrax agreement.**

☒ \* I have read and fully agree to the above authorizing official statement.

- e. Supervisor clicks the **Submit** button to submit the **imMTrax Access Request** form.

4. Once all steps have been completed, imMTrax support will change the user's access permissions to the access role requested if approved to have that level of access. The user will be sent an email notifying them that their user access permissions have changed. **Please contact imMTrax support at 406-444-5580 if your employee has not received the user access permissions changes requested within three business days after submitting your requested. Failure to complete all required documentation will result in delays to requested changes to a user's imMTrax user access permissions.**