Ontario

Ministry of Labour, Immigration, Training and Skills Development

# SSMRA Administration Form
# Employment Ontario Information System (EOIS)

## 1. Service System Manager Registration Authority (SSMRA) Details

| Last Name | First Name | Middle Name |
|---|---|---|
| | | |

| Work E-mail Address | Service Provider Name |
|---|---|
| | |

## 2. Request Details

1. Urgent Request for Revocation of Access for SSMRA

☐ Due to potential or actual breach of privacy or security in relation to the System or the SSMRA's access to the system has occurred.

2. Request for deactivation/update of SSMRA

☐ The SSMRA does not require access due to a change or termination of employment.

☐ The SSMRA is not complying with the Terms and Conditions set out in their SSMRA Registration Form.

☐ Other (specify) _____

3. Update Contact Information for SSMRA

Preferred Language: ☐ English ☐ French

☐ New E-mail Address: _____

☐ New Phone Number: _____ extension _____

4. Request to Add/Update SP Connect role

☐ Service Provider Submission Authority (SPSA)
☐ Service Provider Administrator (SPA)
☐ Service Provider Financial Officer (SPFO)
☐ Service Provider Enhanced Authority (SPEA)

5. Request to Add/Update Common Assessment role

☐ Common Assessment View-Only
☐ SSM Edit
☐ Common Assessment Edit

6. Request to Add/Update SP Reporting role for legacy programs and/or EORA role

☐ SP Staff
☐ SP Manager
☐ EORA: External Consumer

## 3. Ministry Service Delivery Manager (LRA) Acknowledgement

Check appropriate box:

☐ I authorize the above named SSMRA to have their EOIS user privileges inactivated, as access is no longer required or permitted on the system for the reason established above.

☐ I authorize the update of the SSMRA.

| Ministry Service Delivery Manager (LRA) Name | Telephone Number | Extension |
|---|---|---|
| | | |

| **For MLITSD Use Only** Completed by | Date (yyyy/mm/dd) |
|---|---|
| **X** | |

**Note:** This form must be retained by the Ministry for seven (7) years from the date the user's account is closed.

Save Form  Print Form

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