



LEO USER PROFILE FORM

New User

Change User

Basic Information

Employee Full Name:

Birth Date: _____

Gender: _____

Phone: _____

Email: _____

Fax: _____

Hire Date: _____

Termination Date: _____

Supervisor:

Job Title:

Staff Type (e.g., Billing, Direct Care Worker, CSM)

If this staff is a Supervisor, list the individuals they will oversee:

Assigned Location(s): (e.g., Jackson, Hillsdale)

This User will need a FAS System Login ID (CAFAS & PECFAS).