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John Bel Edwards, Governor
Ava Dejoie, Secretary

Office of Workforce Development

HiRE Access Request Form

Please complete this form and upload into the Documents Section of the Provider Profile

Section 1: Provider Information

1. Name of Institution: _____
2. Institutional Code: _____

Section 2: HiRE Access Update

1. Name of Contact:		2. Title:	
3. Phone #		4. Fax #	
5. Email Address:			
6. HiRE User Name:		7. HiRE Security Question and Answer:	

Section 3: HiRE Access Removal

1. Name of Contact:	Title:
2. Name of Contact:	Title:
3. Name of Contact:	Title:
4. Name of Contact:	Title:

X _____
Signature **Date**

LWC USE ONLY

Date Received:	Completed By:	Date Completed:
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