

Computer Services New Account Request Form

Requester _____		Date submitted: _____													
Email address _____		Need by Date: _____ <i>(Please no ASAP)</i>													
Department: _____		Employee name (first, mi, last) for work-study (department work-study) _____													
List the System(s) user where the user needs access: (Computer, GroupWise, SIS, FRS ...) System: _____ System: _____ System: _____ System: _____ System: _____		****Computer Services Use ONLY**** <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: left;">Assigned User code</th> <th style="width: 40%; text-align: left;">Admin. initials</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>		Assigned User code	Admin. initials	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Assigned User code	Admin. initials														
_____	_____														
_____	_____														
_____	_____														
_____	_____														
_____	_____														
List any shared/department directories user will need access to: _____ _____															
<i>Both signatures below are required for new college employees. Only the department supervisor signature is required on additional access and work-study accounts. Supervisor is responsible for making the account holder aware of all account and password policies. Appropriate passwords will be given to the account holder, with the exception of work-study account passwords will be given to the department supervisor.</i>															
Department Supervisor signature and date _____															
Human Resource signature and date _____															
*****Computer Services Use ONLY*****															
Date/Time Received: _____		Date/Time Completed: _____													
Notes: _____															
Signature of Technician: _____															