

## Computer Account – Network Access Form

### Employee Information

<i>Employee Name:</i>	_____	<i>Date:</i>	_____	<i>Time:</i>	_____
<i>Employee Number:</i>	_____	<i>Employee's Phone:</i>	_____		
<i>Department:</i>	_____	<i>Location:</i>	_____		
<i>Manager's Name:</i>	_____	<i>Manager's Phone:</i>	_____		
<i>Manager's Signature</i>	<i>(Manager's signature is required for approval.)</i>				

### Employee Status

**(Please select one of the following.)**

*Full-time*       *Contractor*       *Part-time*       *Temporary*

### Access Requested

*(Please check all network accounts the employee needs access to.)*

*Is this request for a change to an existing account or for the creation of a new account?*      *Existing*       *New*

*Network*       *Exchange Online*

*E-mail*       *O365*

*Other:*

Applicant's Signature

**(The applicant's signature is required.)**

*By signing this document, I signify that I have read, understand, and agree to abide by the company computer use policy.*

Applicant's  
Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

For Information Technology Services Use Only

Accounts created  
by:

\_\_\_\_\_

Date:

\_\_\_\_\_

Time:

\_\_\_\_\_

Notification given  
by:

\_\_\_\_\_

Date:

\_\_\_\_\_

Time:

\_\_\_\_\_

**Please return this form to: IT Department**

*Once created, all account information will be sent to the applicant. Please allow three business days for account creation. Direct any questions regarding your application for computer access to your IT Department.*