

NETWORK ACCOUNT REQUEST FOR NON-DISTRICT EMPLOYEES

USER INFORMATION

FULL LEGAL NAME (PLEASE PRINT) M.I. FIRST SIGNATURE _____ DATE ____ **DISTRICT LOCATION INFORMATION** SCHOOL OR WORK SITE _____ POSITION TITLE (Please be specific, College & Career Consultant, Teaching Intern, MS Administrative Intern, Parent Teacher Association Member, etc...) START DATE _____ END DATE ____ **ASSIGNMENT INFORMATION** YOUR COMPANY/ORGANIZATION: YOUR COMPANY EMAIL: Does your organization have a current MOU or DSA with Highline Public Schools? \Box Y \Box N / \Box MOU \Box DSA MOU/DSA Title: NON-DISTRICT SUPERVISOR: NON-DISTRICT SUPERVISOR CONTACT PHONE: NON-DISTRICT SUPERVISOR SIGNATURE: DISTRICT SUPERVISOR OR POINT OF CONTACT: DISTRICT SUPERVISOR EMAIL: DISTRICT SUPERVISOR SIGNATURE: For OFFICE use only: (REV TAC 20150903) ☐ *District computer* ☐ District email ☐ Student Information Systems (illuminate, etc.) ☐ BusinessPlus finance ☐ BusinessPlus HR ☐ Network storage/share ☐ Printer/Copier ☐ District phone number ☐ SharePoint pages _____ □ Department folder □ Other____ ☐ Administrative Override* Account ☐ Consultant □Vendor □Partner □ Contractor Classification: ☐ Intern (Non-Instructional) □Temp ☐ Substitute □Volunteer □PTSA □Agent ☐ Intern (Instructional) □SRO □OT/PT □Nurse ☐ Psychologist □AgentCert