



Authorization for Employee's Computer Resources

Date of Request: _____

Requestor's Name: _____

Campus/Department Name: _____

Employee's Name: _____

Employee's ID: _____

Please select requested resources to access:

- Forward future emails to another user. Designated User: _____
- Provide access to email. Designated User: _____
- Shared drive. Designated User: _____
- Personal computer files. Designated User: _____
- Other (please specify): _____

Reason for access: _____

This access is valid only for 30 days.

A new request must be submitted if extended access is required.

Requestor (Campus Principal or Department Head)
Signature: _____
Printed Name: _____
Approval (Supt, Deputy Supt, Asst Supt, or Administrator in Charge)
Signature: _____
Printed Name: _____
HR Approval
HR Signature: _____
Date submitted to IT: _____