Request for User ID and computer use with the Holden School District

_____   _____
  first name   last name

For Office Use Only:

Tentative start date: _____

Date Agreement signed: _____

Building & Room Number: _____

Supervisor: _____

Job Title: _____

Grade level (if teacher): _____

SISFIN Access? _____

SISK-12 Access? _____   SSN: _____

Coaching duties _____

Please print your name as you would like to have it displayed in district e-mail in the spaces below and return this sheet to Central Office, 1612 S Main St., Holden MO 64040 before starting any employment.

First Name: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Last Name: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Birthdate: ___ ___ / ___ ___ / ___ ___ ___ ___

Address: _____

                  _____

                  _____

I have read and accept the district's AUP _____

Viewable online, or in faculty handbook.

For Tech Department use:

User ID: _____   Password: _____