

Department of Technology
 Helpdesk: 973 321-0905 Fax: 973 321-0901
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Request for Edumet Security Clearance

Requested For (Name):	
Signature:	
Title:	
Department /School:	
Phone:	
Date:	
Approved By	
Supervisor's Name:	
Signature:	
Title:	
Department/School:	
Phone:	
Date:	
Important: Justification of security clearance or change in status must be included. Please indicate level of security and locations requested.	
Software Install Needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(Use "-" to indicate range "Schools 5-15" use "," as separator "3, 6, 8,etc.")	
Human Resources: Attendance <input type="checkbox"/> Evaluations <input type="checkbox"/>	
Location(s) Needed: _____ _____	
(Use "-" to indicate range "Schools 5-15" use "," as separator "3, 6, 8, etc.")	
Payroll Lookup <input type="checkbox"/> Update <input type="checkbox"/> Remove Access to Edumet <input type="checkbox"/>	
JUSTIFICATION: _____ _____ _____	
(For Approval) Business Department APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>	
Business Administrator: Signature: _____ Date: _____ Comments: _____ _____	