

Accounts Request Form

Department of Information Technology Services

This form establishes, alters or deletes accounts and access rights only.

Signature required on last page for ANY request.

This is not a request for any equipment or software.

SECTION 1 – EMPLOYEE INFORMATION

- Name _____ Start Date _____
Please print clearly – this is the name we will establish all IT accounts with
- **SID # (REQUIRED)** _____
Form will be returned if no SID indicated.
- Full Time _____ Part Time _____ Temp _____
- Job Title _____ Dept _____
- Building _____ Room Number _____
- Is this person replacing someone? YES _____ NO _____
- Will this employee have a telephone assigned to them? YES _____ NO _____ Ext # _____
- Should this employee have a Voice Mailbox? YES _____ NO _____
- If YES, will this mailbox be the only one associated with this phone number? YES _____ NO _____
- Will this employee make long distance calls? YES _____ NO _____

SECTION 2 – MAILBOXES AND NETWORK ACCESS ****Email/Banner Section****

- Will this employee have an email/network access account? YES _____ NO _____
- Is this employee expected to utilize Banner? YES _____ NO _____
Banner training must be completed before Banner access is given.
- If YES, what Banner files and/or functional systems does this person need access to?

Budget/Purchasing Files (list FOAPALS): _____

Will this employee require a personal database directory? YES _____ NO _____

Personal directories are ONLY required for running population-selection/letter generation functions. Banner information will not be sent until training has been completed.

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SECTION 2 – MAILBOXES AND NETWORK ACCESS ****Email/Banner Section (continued)****
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EMAIL - SHARED MAILBOX/FOLDER

- Is a shared mailbox requested? YES _____ NO _____
- Does the shared mailbox exist? YES _____ NO _____
- Existing shared mailbox name? _____
- If new shared mailbox, please write requested name: _____
- If new shared mailbox, please list all users to have access: _____
- Is a shared drive/folder requested: YES _____ NO _____
- Which drive/folder name is access needed to: _____
- Who currently has access to this folder? _____

EMAIL/DISTRIBUTION LIST

- Which distribution list will this employee be part of? _____

EMAIL/GUEST ACCOUNTS

- Date Guest Account begins: _____
- Date Guest Account ends: _____

SECTION 3 – TRANSFERS or PROMOTIONS
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If the employee is moving from another position at Siena, complete the section.

- Previous Department _____
- Previous Banner permissions _____

- Previous FOAPALs _____
- Previous Phone Number _____

Please complete Section 1 with new position information.

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SECTION 4 – SEPARATED EMPLOYEES

Maintaining security of our information systems requires that all accounts for separated employees (retirees, voluntary resignations, or terminations) be secured immediately upon the separation of the employee and deleted 30 days after the separation. At minimum, the passwords on these accounts must be changed.

Date of Separation: _____ Telephone Number: _____

Network User Name: _____

Banner Username: _____

SECTION 5 – SIGNATURE (REQUIRED)

Access to various files and functions require approval of specific individuals. By signing this form, the position requestor is authorizing ITS to seek approval from the appropriate individual(s) for file and/or function access when such approval is needed.

Department Supervisor (PRINT): _____ Ext. # _____

Department Supervisor's Signature: _____ Date: _____

All requests are to be sent to ITS, attn: Kim McHugh. These requests will be date-stamped in and processed for account activation. This may take up to 3 business days. A Track-It ticket will be completed in the name of the Department Head/Dean submitting the form.

ITS USE ONLY:

KM _____ LD _____ RD _____ EC _____ YS _____ MJS _____ Other _____