



NEW / MODIFY USER

PLEASE ALLOW A MINIMUM OF 3 WORKING DAYS FOR COMPLETION

New Access Change/Amend Access Remove Access User Name _____

EMPLOYEE DETAILS

First / Middle Name _____ Last Name _____

Bureau _____ Position _____

Location _____

Permanent Employee

Contractor / Temp

*Contractors/temps only.
Network account will expire 1 month
from start date if end date is left blank.*

Start Date (date to activate) _____ Expected End Date (if applicable) _____

* If replacing a previous employee, please advise of -

* or move from Contract to PIN

Name of previous employee _____ Has this employee Resigned / Terminated?

OR Transferred to another Department?

HARDWARE / TELEPHONE DETAILS

This information is used to update the IT asset database and internal telephone directory. Please complete all fields.

MDWFP Property No. _____ Other (please specify) _____

Telephone / Ext No. _____

ACCESS REQUIREMENTS

By default all new users will have access to MS Office and Acrobat Reader.

System / Application Name	Y	N	Same access as (enter a user name or list EACH system / app user will need access to)
Network ID (User Profile)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Email	<input type="checkbox"/>	<input type="checkbox"/>	_____
Badge Access	<input type="checkbox"/>	<input type="checkbox"/>	_____
User Directory	<input type="checkbox"/>	<input type="checkbox"/>	_____
ASPIRA Account	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mainframe	<input type="checkbox"/>	<input type="checkbox"/>	_____
xNet	<input type="checkbox"/>	<input type="checkbox"/>	_____
Network Printer Access	<input type="checkbox"/>	<input type="checkbox"/>	_____
Long Distance Auth. Code	<input type="checkbox"/>	<input type="checkbox"/>	_____
Docuphase	<input type="checkbox"/>	<input type="checkbox"/>	_____
Scandox	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sunrise / Camp Life	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gen Golf	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Supply Additional Information / Instruction of Access Requirements (if necessary) _____

Please list network drives user requires access to: _____

AUTHORIZATION (Appropriate Supervisor, Project Manager)

Name _____ Date _____

Signature _____ Telephone / Ext No. _____

Contact Details / Submitted by _____