



## NETWORK USER REQUEST FORM

Please forward completed form to Ernest Arreola c/o A.S. Business Office via Interdepartment Mail

### USER INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial (required) \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_ Phone # \_\_\_\_\_

Full-Time     Part-Time     Government \_\_\_\_\_

(A.S. President Signature Required)

### ACCOUNT INFORMATION

Please indicate the software the user will need access to.

#### E-mail Account

The user has an existing **CAMPUS** e-mail account and would like to use it. Please provide the e-mail address below.

A new e-mail account needs to be set up for the user. (For full-time and approved part-time staff only)

**Red ID #** (required) \_\_\_\_\_

**Create a new Meeting Maker Account**

**CSI Membership Database**

**Accounting System User**

**Reservations User (EMS Pro)**

**Kronos User**

**Other:** \_\_\_\_\_

### CHOOSE ONE OF THE FOLLOWING SHARED FOLDERS

(Form will not be processed if more than one shared folder is selected.)

Accounting

Government Affairs Office

Building Services

Graphics

Business Office

MBAC

Campus Recreation

Meeting Services

Children's Center

Ticket Office

CASE

Other: \_\_\_\_\_

### Must be signed by the Supervisor or Division Director.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Phone Extension \_\_\_\_\_

### For Network Administrator's Use Only:

Login Initials:

Kronos Supervisor #: \_\_\_\_\_