

# Network User ID Request Form

**For internal use only**  
Created/Deleted/Modified by: \_\_\_\_\_  
Date: \_\_\_\_\_

## Section I – General Information (All fields must be completed – incomplete forms may be returned)

Add New User                       Change: \_\_\_\_\_                      If changing, or deleting access,  
 Delete User                      \_\_\_\_\_                      give Current User ID: \_\_\_\_\_

Employee Name: \_\_\_\_\_                      Employee Title: \_\_\_\_\_

Center Name/Number: \_\_\_\_\_                      Phone: \_\_\_\_\_                      Fax: \_\_\_\_\_

City: \_\_\_\_\_                      State: \_\_\_\_\_                      Zip: \_\_\_\_\_

### Employee Status:

Permanent                       Temporary/Contractor                       Other \_\_\_\_\_                      Start Date: \_\_\_\_\_                      End Date: \_\_\_\_\_

## Section II – Requested Access

Please fill-in the information below:

### Systems

GroupWise Email:                       Novell Network:

## Section III – Authorizations

Requesting Manager's Name: \_\_\_\_\_ Requesting Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Point of Contact's Name: \_\_\_\_\_ Point of Contact's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

## Section IV – User Responsibilities

It is the responsibility of the Requestor to comply with the policies governing the access of informational data created, acquired, or controlled by JCDC. These responsibilities include:

- Keeping User ID's and Passwords Confidential
- Informing POC of Termination or Job Function Changes
- Choosing unique passwords
- Changing passwords as needed to maintain security
- Reporting violations or attempted violations to JCDC Technical Assistance Center
- Logging off Terminals at completion of each session

I am aware and agree to comply with JCDC security procedures pertaining to the proprietary and confidential nature of information to which I may have access.

Employee's Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

Fax form to: (512) 393-7298 (Attention: TAC)