NEW/CHANGE Employee – Notice to Information Services Form

Name:___________________________________________

Department:______________________________________

Effective Date:_____________________________________

User IDS needed:
   Windows:  _______
   AS400:      _______
   E-Mail:     _______
   None:       _______

   Other systems (specify): ________________________
                               ________________________
                               ________________________

Access to department folders (specify): ______________
                               ________________________
                               ________________________
                               ________________________

Authorizing Signature          Title

*Please return to Personnel Department

(4/2015)