



Bi-Tech Access Request Form

1. User Information

Employee Name:	Department:
Phone Extension: X -	E-mail Address:

2. Type of Hire

<input type="checkbox"/> New Hire <input type="checkbox"/> Replacement <input type="checkbox"/> Temporary EndDate ____/____/____	If replacement, who was replaced or what current employee's access should the account mirror?
---	---

3. Access

New User **Delete** **Change** (for a change: add access , change access , delete access)

Department # (if known): _____
Cost Centers: _____

Notes:

- Users will be given access to their department, this includes all cost centers within each department unless otherwise specified
- If a change is needed please specify the access that needs removal and the additional access needed

4. Departmental Approval (Supervisor)

Supervisor Name: _____ **E-mail Address:** _____
Signature: _____
Date : _____ **Phone Extension :** _____

5. Authorization

Send to: Budget Office, 236 West 27th Street, 5th Floor
Director of Budget: Nancy Su **Signature:** _____
Date : _____

To be completed by System Administrator

User ID Created: _____ Access Granted: _____ Added ListServ:
 System Administrator Signature: _____ Date: _____