Sacramento City Unified School District

Technology Services

**REQUEST FOR ACCESS TO NETWORK SERVICES AND E-MAIL**

* Please complete this form with the appropriate authorization signature
* Scan or E-mail to Support@scusd.edu
* If you have any questions, please call Technology Support @ 643-9445
* Requests will be completed within 48 hours

**\*\* REQUIRED**

**Date**:\_Click here to enter a date.\_\_\_\_\_\_

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| **\*\* First Name & Middle Initial:**Click here to enter text.**\*\*** **Person’s PSL #** | **\*\* Last Name:**Click here to enter text.Previous Last Name:Click here to enter text. | **\*\* DOB**:Click here to enter a date.**\*\*Gender:**[ ]  Male [ ]  Female |
| Have you ever been a student or an employee in the Sacramento City Unified School District | [ ]  Yes | [ ]  No |
| **\*\* Job Title:**Click here to enter text. | **Department:** Click here to enter text.**Location:** Click here to enter text.**School Site:**[ ]  Elementary [ ]  Middle School [ ]  High School |

***Services Requested****: (Please check at least one)*

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| [ ]  New Employee Set up | [ ]  Permanent[ ]  Temporary Dates: From Click here to enter a date.To: Click here to enter a date. |

|  |  |
| --- | --- |
| [ ]  Employee Replacing:Click here to enter text. | [ ]  Delete User From Network:Click here to enter text. |

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| [ ]  Change of Site, Transfer From: Click here to enter text. To: Click here to enter text.  |

***Access Needed:*** *(Please check all that apply)*

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| [ ]  E-Mail | [ ]  Escape – Finance/Personnel/Payroll System[ ]  Setup same as: *(Mandatory)* Click here to enter text. |

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| [ ]  Infinite Campus  | **Job Description:** Click here to enter text. |

**Notes:** Click here to enter text.

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| Authorization: | **\*\* Name of Supervisor:** |
| Contact Telephone: | **\*\* Supervisor Signature:** |