**ACCESS REQUEST FORM**

**FOR NETWORK SERVICES AND E-MAIL**

1. Please complete this Access Request Form and have it signed with the appropriate authorization signature
2. Scan and E-mail to Support@scusd.edu

Requests will be completed within 48 hours. If you have questions, please call Technology Support at 916-643-9445.

**\*\* 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 Na****me:**Click here to enter text.Previous Last Name:Click here to enter text. | **\*\* DOB**:Click here to enter a date.**\*\* Gender:**[x]  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:** |