

SOUTHWEST VIRGINIA COMMUNITY COLLEGE  
INFORMATION TECHNOLOGY REQUEST FORM  
EMAIL and ACTIVE DIRECTORY  
New Accounts/Changes/Reactivations/Deactivations/Removals

This form documents the process which grants and removes access to specified SWCC Information Technology resources. Initial network access is based upon HR approval, background check, and employee certification through completing security awareness training. This form is to be completed and signed by employee's supervisor and submitted to HR to begin the employee's certification process. When an employee leaves the college, this form must be submitted immediately to HR to remove user privileges.

Employee name:

EMPLID:

Employee contact phone number:

VCCS ID:

Employee status: faculty, staff, wage or other:

If "other" is selected, please explain:

Name of previous employee in this position (if refilling):

Department name:

Supervisor's name:

Reason for access change: new account, removal, or deactivation?

If "new account", is listed, provide start date:

If "removal" is listed, provide last day of employment:

If "removal" or "deactivation" is listed, does the email need to be forwarded? If so, please provide the forwarding email address:

Requesting Phone Extension?

If "Yes", Existing Extension?

Building:

Room:

Supervisor's Signature:

Date:

This section to be completed by Human Resources

Change Approved

Change Denied

Notes:

Human Resources Signature:

Date: