



**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 Number: _____ VCCS ID: _____

Employee Status: _____

If "Other" Selected, Explain: _____

Name of Previous Employee in this position (if replacing): _____

Department Name: _____

Supervisor's Name: _____

Reason for Access Change: _____

If "New Account", Provide Start Date: _____

If "Removal" Selected, Provide Last Day of Employment: _____

Forward Email To: _____

Copier Account Access: _____

If "Yes", Provide Charge Code: _____ Last 2 digits of Employee's SSN: _____

Requesting Phone Extension: _____

If "Yes", Existing Extension? _____ Building: _____ Room: _____

Supervisor's Signature _____ Date: _____

TO BE COMPLETED BY HUMAN RESOURCES

_____ Change Approved _____ Change Denied Notes: _____

Human Resources Signature: _____ Date: _____



SIS/HRMS Security Add/Change/Delete Form

Employee Name: _____

EMPLID: _____

VCCS ID: _____

Department: _____

Job Title: _____

Security Request Reason:

SIS Password Reset Role?

Effective Date: _____

Reason for Security Change: _____

SIS COPY ID: _____

HR COPY ID: _____

Employee Status:

Faculty Advisor:

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Data Owner Signature: _____ Date: _____