

**SOUTHWEST VIRGINIA COMMUNITY COLLEGE
INFORMATION TECHNOLOGY SERVICE CHANGE FORM**

This form documents the process which grants, and removes, access to specified SWCC Information Technology resources. Initial network access is based upon 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:** _____

____ Faculty ____ Adjunct Faculty ____ Staff ____ PT Employee ____ Intern _____ Other

Employee Home Telephone Number: _____

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

Department Name: _____

Supervisor's Name: _____

If other box is checked, list IT resources requested: _____

Reason for Access Change: ____ New Account ____ Reactivation ____ Deactivation ____ Account Removal

If requesting account removal, please provide last day of employment: _____

Requesting Copier Account: ____ YES ____ NO **Charge Code:** _____

If requesting copier account, please provide last 2 digits of employee's SSN _____

Requesting Phone Extension: ____ YES ____ NO

Room Number _____ Existing extension number (if replacing a previous employee) _____

This Account will be: ____ Restricted ____ Long Distance ____ International

(Note: Restricted calling allows for local calls only. Long distance calls applies to calling within the United States and international calling applies calling outside the United States.)

For SIS (Student Information System) access, employee's supervisor must submit the SIS Security Request Form.

Supervisor's Signature _____ **Date** _____

-----**TO BE COMPLETED BY HUMAN RESOURCES**-----

<input type="checkbox"/> Change Approved	<input type="checkbox"/> Change Denied	Notes: _____
Human Resources Signature _____	Date _____	