Information Technology and Support Services

Network Account Request Form

Requestor Information (Please be sure and PRINT CLEARLY)

First Name:

Last Name:

Middle Initial:

Position/Title: _____ Phone/Extension: _____

Building/Dept: _____ Room Number: _____

New Teachers please check appropriate box: Standard ☐ CE ☐ CEAS ☐

Permanent: ☐ Replacement: ☐ Temporary: ☐ Release Date: _____

Replacement for? _____ Date of Hire: _____

Secondary E-mail:
(Personal e-mail @gmail,@yahoo, @aol. etc.)

A confirmation e-mail stating your new account has been created will be sent to this email.

Please note: Email accounts will not be created for temporary employees hired for less than 60 days.

Temporary accounts will become invalid on the release date.

Email Account Authorization

New email account needed? Yes ☐ No ☐ Administrator's Initials _____

Telecommunications Authorization

	Yes	No		Yes	No
New extension needed?	☐	☐	Voicemail needed?	☐	☐

If Yes, Administrator signature indicates approval of any required equipment purchase and installation.

Genesis Access

	Teacher	Secretary	Administrator	Other	Specify
Please Select Position	☐	☐	☐	☐	_____

Level of Responsibility: School ☐ District ☐

Required Signatures

Employee's Signature: _____ Date: _____

Administrator's Name: _____ Date: _____

Administrator's Signature: _____ Date: _____

Please forward completed form to the Help Desk via fax at (908) 731-4433 or via inter-office mail.

Forms received with unclear or incomplete information and/or lacking appropriate signatures will be returned to the requestor for re-submission.