



Information Technology and Support Services Network Account Request Form



Requestor Information (Please be sure to PRINT CLEARLY)

Full Name:

(First, M I, Last)

Position/Title: _____

Phone/Extension: _____

Building/Dept: _____

Room # _____

New Teachers please check appropriate box: **STANDARD** **CE** **CEAS**

Permanent:

Date of Hire: _____

Replacement:

Replacement for? _____

Date of Hire: _____

Temporary:

Date of Hire: _____

Release Date: _____

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 Admin. Initials _____

Telecommunications Authorization

New extension needed? Yes No Admin. Initials _____ Voicemail needed? Yes No Admin. Initials _____

If Yes, Administrator initials indicate approval of any required equipment purchase and installation.

MyLearningPlan Authorization

New MyLearningPlan login needed? Yes No Admin. Initials _____

Genesis Access

Please Select Position Teacher Secretary Admin Other Specify _____ Level of Responsibility: School District

Required Signatures

Employee's
Signature:

Date:

Administrator's
Name:

Date:

Administrator's
Signature

Please forward completed form to the Help Desk via fax at (908) 731-4366 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.