



COMPUTER/ NETWORK & FACILITIES ACCESS AUTHORIZATION FORM

USER INFORMATION		
Employee Name:	Status: <input type="checkbox"/> City Official <input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Intermittent/Seasonal/Special employee	
Job Title:	Department/Division & Facility:	
Employee's Office Phone & Extension Number (if applicable):	Date Effective:	End Date (if applicable):
Supervisor Name:	Supervisor Signature (if applicable):	
Department Director Signature (if applicable):	Appointing Authority Signature (if applicable):	

ACCESS REQUESTED	
Network Account Access: <input type="checkbox"/> City <input type="checkbox"/> Finance <input type="checkbox"/> Create New <input type="checkbox"/> Change Existing <input type="checkbox"/> Deactivation	Remote Desktop Access: <i>(Including access during non-work hours.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Hardware/Software Access: <input type="checkbox"/> Computer/Laptop <input type="checkbox"/> Printer/Scanner <input type="checkbox"/> Phone & Extension <input type="checkbox"/> NaviLine <input type="checkbox"/> CAMA <input type="checkbox"/> Laserfiche <input type="checkbox"/> Create New <input type="checkbox"/> Change Existing <input type="checkbox"/> Deactivation	
Email Account: <input type="checkbox"/> Create New <input type="checkbox"/> Change Existing <input type="checkbox"/> Deactivation	Remote Email Access: <i>(Including access during non-work hours.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Website Maintenance Account: <input type="checkbox"/> Create New <input type="checkbox"/> Change Existing <input type="checkbox"/> Deletion	
Facilities Access: <input type="checkbox"/> City Hall <input type="checkbox"/> Customer Service <input type="checkbox"/> Finance <input type="checkbox"/> Parks & Recreation <input type="checkbox"/> Public Works <input type="checkbox"/> Create New (Keys/Cards Issued: _____) <input type="checkbox"/> Change Existing <input type="checkbox"/> Deactivation (Keys/Cards Returned: _____)	

EMPLOYEE SIGNATURE	
<p>By signing this document, I acknowledge that I have read, understand, and agree to abide by the City's Computing Resource Use Policy. I also acknowledge that any and all electronic records I create, share, and/or delete are public records that belong solely to the City of Milford. I agree not to loan, transfer, give possession of, misuse or alter the above key(s) and/or access card. I further agree not to cause, allow or contribute to the making of any unauthorized copies of the above key(s). I understand and agree that assigned key(s) and/or access cards are property of the City of Milford at all times and must be surrendered upon request.</p>	
Employee's Signature: _____ Date: _____	

FOR NETWORK/FACILITIES ADMINISTRATION USE ONLY:	
Account(s) created: _____	Date: _____ Time: _____
<input type="checkbox"/> Tested <input type="checkbox"/> Notification Sent to User <input type="checkbox"/> Reply/Acknowledgement Received	
Facility Access created: _____	Date: _____ Time: _____
<input type="checkbox"/> Tested <input type="checkbox"/> Notification Sent to User <input type="checkbox"/> Reply/Acknowledgement Received	

Please return this form to the IT Administrator to create computer/network access, then to the Solid Waste & Facilities Supervisor to create facilities access. Once created, all account information will be sent to the employee. Forward this form to the Human Resources Administrator for filing in the employee file. Upon employee termination, Human Resources Administrator will modify form on file and return to IT Administrator and Solid Waste & Facilities Supervisor. Any questions should be directed to the IT Administrator at (302) 422-1098, Solid Waste & Facilities Supervisor at (302) 422-1110, or the Human Resources Administrator at (302) 424-5142.