

**Setup Request
Network, Email, Phone
MIS Department**

New Employee
Position Change
Job Title Change
Campus Change

Please fill in the following information for faculty or staff initial setup or setup changes for their network account, Groupwise (email) account and phone service. Incomplete forms will be returned to the submitter for completion. Once HR has verified this position, their network, email and phone account will be setup and the information will be emailed back to the supervisor. When completed, please send this form to Susan Marshall, MCC 300.

Confirmation of Employment from HR Yes Date _____ Name _____
Classification Faculty Staff Work Study
Last Name _____
First Name _____
Middle Name _____
Department/Division _____
Job Title _____
Full-Time
Part-Time Regular (Only faculty/staff with benefits will have email accounts)
Part-Time
Campus _____
Office Location Building _____ Room # _____
State tag on computer in office (if known) 838- _____
Phone number in office (if known) _____

Supervisor _____
Supervisor Signature _____ Date _____
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To be filled out by MIS staff:

Phone information
Number: _____

Created by: _____
Date completed: _____

Network Information
Network id: _____
Network Password: _____

Created by: _____
Date completed: _____

GroupWise Information
User Id: _____
Password: _____

Created by: _____
Date completed: _____

Information email to supervisor – Date _____
By: _____