

**South Central Human Resource Agency  
Assignment of Network and Telecommunications Access Request Form**

Pursuant to the SCHRA Policies and Procedures manual, section 203.1 (Hiring), the following individual has been hired as an employee of the Agency in the position indicated. The Network Administrator will assign the employee access to the Network and Telecommunications resources indicated below. Access to these resources has been deemed vital to the employees ability to carry out the duties outlined in their position, and the employee has read and signed a copy of the Personnel Policies and Procedures relating to the use of these resources.

**Part I, Employee Information**

**Employee Name:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Last Name) (First Name) (MI) (Mr/Mrs.Ms)

**Department:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Office:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**Network User Name:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Email Address for Payroll:** \_\_\_\_\_

**Part II, Access Requested**

Agency Network Acct	<input type="checkbox"/>	Terminal Services	<input type="checkbox"/>	Email Groups	
Agency email Acct	<input type="checkbox"/>	iFolder	<input type="checkbox"/>	All Agency	<input type="checkbox"/>
Novell Messenger	<input type="checkbox"/>	Child Plus	<input type="checkbox"/>	Senior Staff	<input type="checkbox"/>
CSBG	<input type="checkbox"/>	Orion	<input type="checkbox"/>	Neighborhood Svc Ctrs	<input type="checkbox"/>
RSVP	<input type="checkbox"/>	PSI	<input type="checkbox"/>	Site Managers	<input type="checkbox"/>
eGrants	<input type="checkbox"/>	Corrections DB	<input type="checkbox"/>	Center Managers	<input type="checkbox"/>
TOMIS	<input type="checkbox"/>	TN Number	<input type="checkbox"/>	Central Office	<input type="checkbox"/>
VPN	<input type="checkbox"/>	VPN Group	<input type="checkbox"/>		<input type="checkbox"/>
Central Office Phone	<input type="checkbox"/>	Cell Phone	<input type="checkbox"/>		<input type="checkbox"/>

**Part III, Authorized Signatures**

I certify that the above mentioned employee requires access to the resources listed in order to properly execute the duties they have been assigned within the South Central Human Resource Agency:

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Dept Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Payroll Initials: \_\_\_\_\_

