



Computer Access/User Information Request Form

Please provide photo ID with this form.

Section 1: Employee Information			
Full Legal Name: (Last, First, Middle)		Preferred First Name (if different)	
Social Security Number - -	WOU ID#: V	Department	
Permanent Address: Street/PO Box	City	State	Zip Code
Home Phone Number	Cell Phone Number	Email	
Gender Identity:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	
Emergency Contact			
Name	Relationship to You	Phone Number	

Section 2: Access Request
<p>I will need the following access: (Check all that apply)</p> <p><input type="checkbox"/> User ID/Email Account</p> <p><input type="checkbox"/> Drives (Please specify) _____</p> <p><input type="checkbox"/> SIANST (If you would like access to SIANST, please fill out the portion below)</p> <p>Employee Type: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other _____</p> <p>Appointment Type: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time</p> <p>Anticipated Start Date: <input type="checkbox"/> Fall _____ <input type="checkbox"/> Winter _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____</p> <p>(Please write year in space provided)</p> <p><input type="checkbox"/> Other (Please specify) _____</p>

I agree that the above information provided is true and current to the best of my knowledge. I understand that this form **does not** authorize my employment with WOU, but only grants access to the computer functions listed above. I understand that SIAINST access will be revoked on the Monday of the second week of the term I began working.

User Signature

Date

Supervisor Signature

Date

<i>For office use only:</i>				
____PPAIDEN	____SIANST	____ARRIVAL NOTICE	____ID CARD	____EMAIL