

# SUNY FREDONIA

## NETWORK SECURITY SYSTEM NEW USER APPOINTMENT FORM/CHANGE FORM

### EMPLOYEE SECTION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Title \_\_\_\_\_

Department \_\_\_\_\_

Room#/Building \_\_\_\_\_

Phone \_\_\_\_\_

*I will safeguard my user code and password to prevent unauthorized use of the SUNY Network Security System.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### SUPERVISOR SECTION

List **specific** Job Functions/Transactions/Reports that are required for this employee:

_____	_____
_____	_____
_____	_____

*As supervisor, I will inform the network security administrator of user termination or a change in assignment that will require modification to employee access to the SUNY Network Security System.*

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

### SECURITY ADMINISTRATOR SECTION

User ID Assigned \_\_\_\_\_

Expiration Date \_\_\_\_\_

\_\_\_\_\_  
Security Administrator Signature

\_\_\_\_\_  
Date