

SUNY FREDONIA

NETWORK SECURITY SYSTEM NEW USER APPOINTMENT FORM/CHANGE FORM

EMPLOYEE SECTION

Last Name _____ First Name _____ MI _____

Title _____

Department _____

Room#/Building _____

Phone _____ AD User Name _____

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:
Please include applicable Account Numbers if requesting SMRT Web.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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 _____

Internal Control

Vice President for Administration
revised March 2010