

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 name and password to prevent unauthorized use of the SUNY Network Security System. Under no circumstances will I share my password.

Employee Signature _____ Date _____

SUPERVISOR SECTION

List the **specific** SUNY or Legacy Job Functions/Transactions/Reports that are required for this employee. Please include applicable account numbers if requesting a P-Card and/or BI (previously SMRT).

As this employee's 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 _____