

**NNMC System Access Authorization Form   
  
CHECK ONE**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Establish Employee | Start Date: |  |
|  | Modify Employee | Change Date: |  |
|  | Inactivate Employee | Inactivate Date: |  |

## EMPLOYEE INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Print Name: |  | | Banner ID: |  |
| Department: |  | | Title: |  |
| Supervisor: |  | | Contact Phone: |  |
| Email: | |  | | |

## IT Department/Network Responsibilities

**Check all that apply:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Banner ID: |  | Broadcast/Faculty/Staff list: |
|  | Email Address: |  | Banner eMail (GOAEMAL): |
|  | Active Directory Access (NNMC Network): |  | Regroup Emergency Notification Software: |
|  | Web Directory: |  | CoNetrix Vendor Management Software: |
|  | Office Phones: |  | Copiers: |
|  | Computer Equipment: |  | Remote Access to the NNMC Network (VPN): |
|  | WASP Inventory System: |  | Sharepoint Access: |
|  | Other: |  | Other: |

|  |  |  |
| --- | --- | --- |
| Request for SELF-SERVICE BUDGET INFORMATION ACCESS MENU to view the following accounts : | | |
| **Department Name** | **FUND(XXXXX)** | **ORG (XXXX)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Special Instructions or Notes: | | |
| Banner Access: | | |

**Print Name:**

**Approved by: Signature:**

**I agree that the employee has an academic/administrative need to access Banner Self-Service. I will notify the Banner Security Administrator in writing should the employee resign, transfer or be terminated, or the need for this access no longer exists.**

**For IT use only:**

|  |  |
| --- | --- |
| **Assigned To:** | **Date:** |
| **Signature:** | **Completed on:** |