

**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:** |