

SUNY SCHENECTADY COUNTY COMMUNITY COLLEGE

IT Access & Equipment Request Form

Employee ID: _____

First Name: _____ MI: _____ Last Name: _____

Work Phone: () _____ Ext: _____ Home Phone: () _____

Title: _____ Start Date: ____/____/____ Direct Supervisor: _____

Role:

- Faculty Staff Consultant Union (please specify): _____
 Full Time Part Time Prior Student

Dept. Change: From: _____ To: _____ Effective Date: ____/____/____

Department (please specify):

- Academic Affairs: _____ Administration: _____ Student Affairs: _____

Supervisor to Complete

Banner Access:

- Admissions Finance Financial Aid Human Resources Payroll
 Registrar Student Business Office Other: _____
 Banner Xtender Copy Banner rights from employee: _____
 Add Additional Form Access: _____

Other Additional Access:

- Degree Works Email Only SUNY Portal Blackboard
 Email Dist Groups _____ J:\Shares and NFS Folders _____
 Copy Email Dist Groups from employee: _____

Equipment:

- Cell Phone Desktop Desk Phone Docking Station
 Dual Monitor Mi-Fi Notebook

Statement of Responsibility

Computer resources are provided to members of SUNY SCCC for use in their prescribed tasks as well as for personal and professional development. Accounts are provided on academic and administrative systems as appropriate. Use of these resources is a privilege, not a right, and access is granted with restrictions and responsibilities for their use. Violation of SUNY SCCC Information Technology Acceptable Use Policy can result in disciplinary actions. Use of college-owned equipment must be in a manner consistent with federal, state and local law.

Please note that your data is yours to care for and SUNY SCCC is not responsible for restoring data lost through your mismanagement. Your passwords are the primary protection for your files, your email and your college computer accounts. You are responsible for all activity from your accounts. You should not tell anyone else your passwords and you should change your passwords after you receive your accounts or after your passwords are changed by the IT Services staff.

I have read the above statement of responsibility, have received a copy of the Information Technology Acceptable Use Policy, and I agree to abide by the provisions therein.

Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

RETURN THIS FORM TO HUMAN RESOURCES, ELSTON HALL, ROOM 126