

Campus Domain Account Application Form

This form is **only for new or returning hires**. It grants staff or faculty members a CCRI domain account, email address and department share drive access if needed. Please complete the form, print it and have it signed by the supervisor. Return to: **Human Resources, Knight Campus - Room 3118**.

To be completed by **employee**:

Last Name:

First Name:

MI:

Personal Phone Number:

Is employee a former or current student? Yes No *If yes, student email account will be deleted.*

To be completed by **supervisor**:

Department:

Title:

Extension:

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g'h [g'dcg]h'cb'hYa dcfUfn8 Yes No *If yes, termination date:*

Access to departmental share drive Yes No

Additional share drives:

Agreement: I have read, understand, and agree to comply with the *CCRI Data Security Policy* and the *CCRI Policy on the Responsible use of Information Technology*. I understand that I am responsible for any computer activity carried out using this account.

Routing:

Employee signature: _____

Print name: _____ Date: _____

Supervisor signature: _____

Print name: _____ Date: _____

Human Resources - CCRI ID number: _____

For IT use only:

Username: _____

Date account created: _____ Initialed: _____