

## New Employee IT Access Information - Faculty

Hire Date:  Start/Change Date:

☐ New Network/Email Faculty User Account

**Please fill out all relevant information. Z number will be supplied by HR.  
Email this form & the completed Request for Faculty Appointment form to [hr@oru.edu](mailto:hr@oru.edu)  
IT will contact the below named Department Contact when access is completed.**

First Name	Middle	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Position Title	Department	Employee Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Location		Contract End Date (Adjunct Only)
<input type="text"/>		<input type="text"/>
Department Head	Department Phone	Department Contact
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Change of Status - Must be Authorized by HR only

☐ Name Change

☐ Position/Title Change

Z#

## I.T. Department Use Only

Ticket #	Department Container	Expire Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Network Login	Network Password	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Banner ID	Banner Password	PIDM
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Completed by
		<input type="text"/>