



New Employee IT Access Form – Staff/Faculty/Contractor

Please fill out this form in entirety. Z-Number is assigned by HR. Please send this form to hr@oru.edu. HR will contact IT when this is processed to begin the account creation process. Fields that do not apply should be filled with “N/A.”

Hire Date:

Start Date:

New Network/Email Account Needed

Contract End Date:

Staff Faculty Adjunct Contractor Intern

First Name:

Middle:

Last Name:

Position Title:

Department:

Location:

Department Head:

Department Phone:

Department Contact:

Replacing Whom:

Equipment Used By Prior Worker:

Desktop PC VDI Laptop Tablet N/A

Network Access Request – Must Be Filled Out For Network Drive Access

1st Network Drive Location: (Example: “IS [\\LXSRV212\74VOL\74VOL1\DEPT](#)” or “My S: Drive”)

Read/View Files Only Full Access Expires End Date:

2nd Network Drive Location: (Example: “PER [\\LXSRV212\74VOL\74VOL2\DEPT](#)” or “My R: Drive”)

Read/View Files Only Full Access Expires End Date:

Phone Request – All Information Must Be Filled Out

Preferred Display Name:

Quotes are needed for:

Long Distance:

Existing Number:

New Number

None

New Voicemail

National

New Phone

International

Using Existing Phone

Department Email Access Request – All Information Must Be Filled Out

Department Email Address (Example: admissions@oru.edu for the Admissions Department):

Banner Request – All Information Must Be Filled Out (If Access is Needed)

Banner Screen	F/P/R	Type of Access	Form Owner (Type)	Form Owner Signature

F/P/R = Form / Process / Report

Types of Access:

Form Access: Q=Query Only, M=Modify and Query

Process/Report Access: E=Execute, Blank=None

I understand that the access I am requesting for this new employee may contain information that is protected by the Family Education Rights and Privacy Act. (FERPA). I also understand that the new employee needs to be informed that disclosure to unauthorized parties is a violation of FERPA. When accessing the Banner system, they will need to understand that they must only access information needed to complete their assigned task. This information may only be communicated to authorized parties in accordance with the provisions of FERPA.

Department Authorization – All Information Must Be Filled Out and Signed

Hiring Manager Authorization:

First Name: Last Name: E-mail Address:

Department: Position Title: Phone Number:

Signature: Date:

Dean/Dept Head Authorization:

First Name: Last Name: E-mail Address:

Department: Position Title: Phone Number:

Signature: Date:

Account Information – HR & IT Only

Z – Number Account Name: Department Name:

U: Drive Container: S: Drive Path: PIDM: