



Mississippi Band of Choctaw Indians
Request for Network Access

Employee Information

Employee Name: _____
 Date: _____ Time: _____
 Department: _____
 Employee's _____ Phone: _____
 Supervisor's Name: _____ Location: _____
 Supervisor's Signature _____ Supervisor's Phone: _____
(Supervisor's signature indicates approval to charge their budget for any license fees required for system access. Account will not be created without Supervisor's signature.)

Employee Status

(Please select one of the following.)

Full-time Contractor Part-time Temporary YOP

Access Requested

(Please check all network accounts the employee needs access to.)

Is this request for a change to an existing account or for the creation of a new account? Existing New
 Network Imaging E-mail Internet
 Onbase Other: _____

*All account requests are subject to licensing fees required for system access.
Contact Information Technology for details.*

Applicant's Signature

(The applicant's signature is required.)

By signing this document, I signify that I have read, understand, and agree to abide by Mississippi Band of Choctaw Indians computer use policy.

Applicant's Signature: _____ Date: _____

For Information Technology Use Only

Accounts created by: _____ Date: _____ Time: _____

Notification given by: _____ Date: _____ Time: _____

Please return this form to: Information Technology

Once created, all account information will be sent to the applicant. Please allow 3-5 business days for account creation. Direct any questions regarding your application for computer access to Information Technology at ext. 1618.

Revision Date: 02/01/10

"CHOCTAW SELF-DETERMINATION"

