

## Network User Form

*Instructions:*

1. *Employee Completes Only Part I and Supervisor Completes Part II.*
2. ***Please Attach and Email to [nwadmin@ag.tamu.edu](mailto:nwadmin@ag.tamu.edu); or fax completed form to Extension Information Technology at 979-845-0829***

**I. Employee: (Please Type or Print)**

Full Name: _____	_____
(First) (Middle) (Last)	(Preferred Name)

**II. Hiring Supervisor:**

Agency: (✓)  TCE  TAES  COALS  PVCEP  Other: \_\_\_\_\_

Action Requested: \_\_\_\_\_ (Ex. County employee)

- New Account**  Add to Reporting System (TEXAS)  Add access to TECO (County Website) Effective Date: \_\_\_\_\_
- Transfer** From: \_\_\_\_\_ To: \_\_\_\_\_ Effective Date: \_\_\_\_\_
- Title Change** \_\_\_\_\_ Effective Date: \_\_\_\_\_
- Address Change** \_\_\_\_\_ Effective Date: \_\_\_\_\_
- Name Change** From: \_\_\_\_\_ To: \_\_\_\_\_ Effective Date: \_\_\_\_\_
- Delete Account** \_\_\_\_\_ Effective Date: \_\_\_\_\_

Special Notes: \_\_\_\_\_

Unit #:	Department:	District:	County:
Job Title:			Title Code:
Physical Location: _____			
(Building Name and Room Number) (City) (Zip Code/Mail Stop)			
Phone:	Fax:	Previous person in position:	

**Authorizing Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

(This form attached to Email from Supervisor, Office Manager, or Network Administrator will serve as an authorizing signature. )

**NOTE: If this request is for a functional or group account, this form must be signed by the unit head or administrator and be accompanied by a statement certifying that an analysis has been made of the risks associated with such access, that steps are being taken to mitigate those risks, that safeguards are in place to assure the risk is minimized, and that there is a real organizational benefit to implementing such account.**

**III. EIT Use Only:**

Server Name		Novell	/ /
NetWare ID		GW	/ /
GW ID		NEO	/ /
Internet Address		Disabled Novell	/ /
Novell Groups		Expired GW	/ /
NEO NetID		Deleted Novell	/ /
GW Distribution List(s):		Deleted GW	/ /
Notes			