



The Agriculture Program

The Texas A&M University System

Network User Form

Instructions:

1. Employee Completes Only Part I and Supervisor Completes Part II.
2. Prefer Attach and Email to NWADMIN (GroupWise Address Book); or FAX completed form to Extension Information Technology at 979-845-0829

I. Employee: (Please Type or Print)

Name:				
(First)	(Middle)	(Last)	(Preferred Name)	(Leave Blank)

II. Hiring Supervisor:

Agency: () Extension TAES TFS TVMDL TWDMS Other _____

Action Requested **Add** New to Ag Program New to TAMUS Effective Date: _____

Action Requested **Transfer From/To:** _____ Effective Date: _____

Action Requested **Change Type:** _____ Effective Date: _____

Action Requested **Delete** Effective Date: _____

Special Notes: _____

Department:	District:	County:
Employee Working Title:		
Physical Location:	(Building Name and Room Number)	(City) (Zip Code/Mail Stop)
Phone:	Fax:	Previous Occupant:

Authorizing Signature: _____ **Date** _____

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

III. EIT Use Only:

Server Name		Novell	/	/
User ID		GW	/	/
GW ID		SMTP/NEO	/	/
Internet Address		Disabled Novell	/	/
Novell Groups		Expired WPO/GW	/	/
Notes		Deleted Novell	/	/
		Deleted WPO/GW	/	/