Authorization Form

*Name _____
Last *First* *Middle Initial*

*Choose one: New Hire ☐ Change ☐ *Effective start date _____

Employee ID Number assigned by the Personnel Office (EMPLID) (if known) _____

*Working Title _____ *Primary Unit _____

A. INFORMATION TECHNOLOGY (Email & Data Access)

1. *UAMONT.edu email: ☐ Yes ☐ No
2. WeevilNet account access:
   A. WeevilNet Faculty/Staff for student record administration: ☐ Yes ☐ No
      * If yes, account access should be the same as the following current/previous employee:
      * ***Name*** _____
      * ***Working Title*** _____
      * ***Location/Dept./School*** _____
      Comments/notes: _____
   B. WeevilNet Finance: ☐ Yes ☐ No
      * If yes, account access should be the same as the following current/previous employee:
      * ***Name*** _____
      * ***Working Title*** _____
      * ***Location/Dept./School*** _____
      Comments/notes: _____
3. Specialty software (other than WeevilNet): _____

B. PUBLIC SAFETY (Keys)

Keys authorized (please initial)? _____ Yes _____ No Temp. parking approval _____ Yes _____ No
Account # _____ (*for Adjunct Faculty*)

Building (s) _____ Room (s) _____

C. FINANCE AND ADMINISTRATION (Telephone)

1. Phone line authorization (please initial)? _____ Yes _____ No
   If yes, list phone line extension number. _____
2. Long distance code authorization (please initial)? _____ Yes _____ No
   If yes, list account number to be charged: _____
3. Voice mail set up (please initial)? _____ Yes _____ No

D. APPROVALS

* *I approve the above authorizations.*

_____	_____	_____
Unit or Department Head	Please Initial	Date
_____	_____	_____
Supervising Executive Council Member	Please Initial	Date

Distribution: ***Original- Originating Department***
Send copy to: Information Technology, Public Safety, Finance and Administration

* ***Required Field***