



# Authorization Extension

Employee must clearly understand that this extension is only for limited access and does not extend employment.

Name \_\_\_\_\_ Employment/Contract  
Termination Date \_\_\_\_\_  
Last First Middle Initial

The following resources will be extended to the person listed above. All information technology resources for this person will be terminated as of the termination date listed above unless an extension is received in the IT Department before the termination date. If an extension is needed for this person please mark the resources needed and those resources will be continued until the extension date specified.

## A. INFORMATION TECHNOLOGY (Email & Data Access)

1. Domain Account	(Yes or No to ALL or select specific parts to leave active below)				Yes	No
Email account	Yes	No	(If yes, indicate services below)			
	Netlist		Yes	No		
	Student list		Yes	No		
	List servers	_____				
	Distribution list	_____				
Shared calendars	Yes	No	Managers of groups	Yes	No	
Web folders	Yes	No	Shared folders	Yes	No	
Share Point	Yes	No	Shared data folders	Yes	No	
WeevilNet Faculty/Staff	Yes	No	WeevilNet Finance	Yes	No	
WeevilNet Human Resource account	Yes	No				
Domain group	_____					

- |   |     |    |
|---|-----|----|
| 2. Shared Databases                       | Yes | No |
| 3. Track-IT                               | Yes | No |
| 4. Student Organization Sites             | Yes | No |
| 5. Blackboard                             | Yes | No |
| 6. Instructional Servers (ex. CIS server) | Yes | No |
| 7. Grant funded web sites                 | Yes | No |
| 8. Web interfaces                         | Yes | No |
| 9. Third party course management systems  | Yes | No |
| 10. Barracuda spam filter accounts        | Yes | No |
| 11. Remote Access (VPN) accounts          | Yes | No |

Date to terminate authorized extension: \_\_\_\_\_  
MM/DD/YYYY

## B. APPROVALS

*I approve the above authorization extension.*

\_\_\_\_\_  
Unit or Department Head approval signature

\_\_\_\_\_  
Date signed/approved

\_\_\_\_\_  
Supervising Executive Council Member approval signature

\_\_\_\_\_  
Date signed/approved

Distribution: Original –Originating Department  
Send copy to –Information Technology, Finance and Administration