



CAL MARITIME

Network Account Access Form

Employee Information

Employee Name: _____ Date: _____ Time: _____
Employee Number: _____ Employee's Phone: _____
Department: _____ Location: _____
Manager's Name: _____ Manager's Phone: _____
Manager's Signature _____ **(Manager's signature is required for approval.)**

Employee Status

(Please select one of the following.)

Full-time Contractor Part-time Temporary

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 VPN VAX
E-mail Dial-up Oracle
Other: _____

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 the company computer use policy.

Applicant's Signature: _____ Date: _____

Manager's Signature

(The applicant's signature is required.)

By signing this document, I signify that I have read, understand, and agree to abide by the company computer use policy.

Manager's Signature: _____ Date: _____



Network Account Access Form

For Information Technology Services Use Only

Accounts created by: _____	Date: _____	Time: _____
Notification given by: _____	Date: _____	Time: _____

Please return this form to: Information Technology Services

Once created, all account information will be sent to the applicant. Please allow three business days for account creation. Direct any questions regarding your application for computer access to Information Technology Services.