Employee Access / Folder Permission Authorization

Please send completed form to Helpdesk at Client Services or fax to 215-230-2984.

Employee Name __________________________________________________________

Department ____________________________________________________________________________

Start Date (if new hire) ____________________________________________________________________________

Action Needed: (select all that apply)

- Create network/email account
- Give access to email account
- Create folder (Please explain where you would like the folder created in area below)
- Access needed to folder(s) on X: drive (list folder and permissions needed below)
- Remove permissions to folder(s) on X: drive (list folders below)
- VPN/Remote Access (please state what you need access to below)

Folder(s) / Subfolder(s) Name (use other side of page if needed) Permissions (read only, read/write, modify files, delete files, remove permission)

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Reason for request ____________________________________________________________________________

Supervisor Authorization:

Print Name_________________________________ Signature______________________________

(Digital Signature not accepted)

Date________________________________________

For Technology Services use only

Approved by________________________________ Date________________________

Technician________________________________________

Date completed__________________________________