To Be Completed by Employee (or Contractor)

Print Name:		Home Telephone #			
Department:		Building:	Extension #		
Type of Employee:					
	Full-time Visiting Lecturer	Agency (Beginning and end		Ending For account to be setup)	
password. 2. I am aware my account 3. I am receivi 4. I will notify another offi	that any attempt to into may result in possible ing permission to acces the office of Human F ce.	legal action against me. ss only the applications a Resources as soon as pos	aformation systems and information specifications when I terminate	d services through access of fied.	
		nts and the College's Info Framingham State Colle		Support Policy and	
Signature:		Date:			
TO BE COMPLETE.	D BY THE SUPERVIS	OR/CHAIR AND SUBM	ITTED TO THE OFF	ICE OF THE CITO	
Print Name:		Extension #			
If the employee is re	placing someone, list the	he person's name:			
		nformation "portal" will kboard applications will		o for all faculty and staff p for faculty.	
I certify that this ind	ividual needs access to	the following Administ	rative Applications (pl	lease circle):	
Academic Affairs	Accounting	Admissions	Athletics	Business Office	
Campus Police	Computing Services	Continuing Education	Executive Offices	Faculty	
Financial Aid	Food Service	Health Services	Housing	Inventory	
Institutional Reporting	Library	Personnel	Placement Office	Public Affairs	
Registrar	Room Reservations	Work Study – Student Payroll			
Signature:					