

## Hartnell College Information Technology Resources 831-755-6789

Date: _	
	New Employee
	Existing Employee
	Change in Position
	Account Extension

## Computer / Phone Account Request (All Fields Required Incomplete Forms Will Be Returned)

EMPLOYEE'S INFORMATION	LOCATION		
Last, First, MI: (Legal Name)	MC Alis	MC Alisal KC Soledad Castroville	
Employee ID#	Building:		
Job Title:	Office/Room#		
Department:	TYPE OF EMPLOYEE		
Start Date:	☐ Full time o		
Phone Ext:	Full-time		
Alternate E-mail:	☐ F/T Facul	•	
Previous Dept:	P/T Facul	•	
(If change in position)       ☐ Counselor/Librarian         REQUESTOR INFORMATION       ☐ *Contract/*Temporary/*		/*Temporary/*Professional	
Expert/*Security/*Substitute			
*Specify Contract End Date Phone Ext:			
E-mail Address:			
N/A COLLEAG	GUE ACCESS		
Student System Financial Aid: Maria Ceja (A&R/FinAid) HR/Payroll System: Cristina Zavala (HR)			
Signature:	Signature:		
☐ Financial System: David Techaira (Admin. Services) ☐ Scheduling System: ( READ ONLY access ) Jessica Green			
Signature:	Signature:		
Who does this employee need Colleague access equivalent to?			
N/A TELEPHONE/VOICE MAIL SYSTEM			
Option 1: ☐ Create NEW extension number.			
Option 2:   Sharing an established extension number with someone else. Ext.#			
Option 3:   Check here if taking over an existing extension/voice mailbox and answer the following:			
a. Name of employee being replaced:			
b. Ext.# being replaced:			
c. Can existing mailbox and its messages (new/old) be deleted? YES NO			
If "Yes" specify date of deletion:			
APPROVAL SIGNATURE			
Dean, VP, <b>OR</b> Director responsible for employee			
Sign Print			
ACCOUNT REQUEST MUST BE SUBMITED USING ADOBESIGN TO: SOTERO@HARTNELL.EDU			

Approved:

Returned: