



Computer Access/User Information Request Form

Please provide photo ID with this form.

Section 1: Employee Information			
Full Legal Name: (Last, First, Middle)		Preferred First Name (if different)	
Social Security Number - -	WOU ID#: V	Department	
Permanent Address: Street/PO Box	City	State	Zip Code
Home Phone Number	Cell Phone Number	Email	
Gender Identity:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	
Emergency Contact			
Name	Relationship to You	Phone Number	
Section 2: Access Request			
I will need the following access: (Check all that apply)			
<input type="checkbox"/> User ID/Email Account			
<input type="checkbox"/> Drives (Please specify) _____			
<input type="checkbox"/> SIANST (If you would like access to SIANST, please fill out the portion below)			
Employee Type: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other _____			
Appointment Type: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time			
Anticipated Start Date: <input type="checkbox"/> Fall _____ <input type="checkbox"/> Winter _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____			
(Please write year in space provided)			
<input type="checkbox"/> Other (Please specify) _____			

I agree that the above information provided is true and current to the best of my knowledge. I understand that this form **does not** authorize my employment with WOU, but only grants access to the computer functions listed above. I understand that SIANST access will be revoked on the Monday of the second week of the term I began working.

User Signature

Date

Supervisor Signature

Date

For office use only:

____PPAIDEN ____SIANST ____ARRIVAL NOTICE ____ID CARD ____EMAIL