

Computer 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 AS400 VAX VPN
E-mail IBM Mainframe Oracle Dial-up
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: _____

For Information Technology Services Use Only

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

Please return this form to: MKE Support

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 MKE Support - support@mkesupport.com.