

## Please allow 3-5 business days for processing



## **INFORMATION TECHNOLOGY SERVICES**

Account Request – Permissions Changes - Reactivations

\*These fields are required

1	P	n	7	a	h	a	r	I	

 $\hfill \Box$  Camera/Building access badge

User Information							
First Name*		Middle Initial*					
Last Name*		Preferred Name					
Start Date		Treferred Nume					
Position Title		Office Location					
Replacing (Employee's name)							
Phone Extension	Non-NCTC E-Mail Address						
Department*	Supervisor*						
		- Сирополоси					
User Information		Campus Assignment(s)					
New Hire Reactivation	Internal Transfer	Bowie	Graham				
Faculty		Corinth	Flower Mound				
Full-Time Adjunct		Gainesville	<b>Dual Credit off Campus</b>				
Staff		Denton Exchange	·				
Full-Time Part-Time		Denton Exchange					
Account/Jenzabar EX Access							
	- I - II - II - II - II						
Network	Docubase Application Inst	all Docubase Wo	eb Access Email				
<b>Enter Requisitions</b>	<b>Approve Requisitions</b>	QLess Accou	nt				
Department Drive(s)		EX Group					
Additional Information							
For IT use only							
□ AD							
□ Canvas							
☐ EX Role							
□ *EML							
☐ H:/drive							
☐ Exchange							