Request for Web In-Service Administrative Privileges

In order to maintain your administrative rights we need the following information. Also, as an administrator you are required to advise this office when you transfer departments or are no longer the responsible party.

Requester's First Name: _____ Requester's Last Name: _____

Department: _____

Dept. TEL: _____ Dept. FAX: _____

Supervisor's Name: _____ Supervisor's Telephone: _____

Please Print Clearly

Please ✓ Check the Appropriate Box

☐ **KEEP CURRENT** Administrator Access ☐ **REQUESTING NEW** Administrator Access ☐ **REMOVE MY** Administrator Access

Please list the Department Names and Cost Center Numbers you HAVE Administrative Access to:

If you run out of space, you can continue on a separate piece of paper.

Please list the Dept. Names & Cost Center Numbers that you are REQUESTING Administrative Access to:

If you run out of space, you can continue on a separate piece of paper.

_____ _____

REQUESTER'S SIGNATURE DATE

_____ _____

SUPERVISOR'S SIGNATURE DATE

Please fax the completed form to Aaron D. Finley at Fax number 615-343-9138. For questions call 615-343-7266