

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