MEMS Access Request Form

FOR EMPLOYEE REQUESTING ACCESS

First Name:
Last Name:
Email:
Phone:
Department:
Division:

Action Requested
   Create Account
   Modify/Upgrade Access
   Remove/Lower Access
   Deactivate Account

MEMS Access Group Level
   Initiator
   Applicant Reviewer
   Director/Dean
   Search Committee
   Department VP
   Budget Officer
   Other:

FOR SUPERVISOR

Supervisor Approval -
I concur with the access requested for the above employee.

Signature

Printed Name   Date

Please send completed form to Odunola.Osunji@morgan.edu

FOR HR ONLY

Approvers Name:
Date Received:

Access Approved
Access Denied
Date:

MEMS Account Number:
MEMS User Name Assigned:
Access Level Given:

Sent to the Department   Yes   No
Comments: