

New Employee Network Access Request Form

Please fill out this form completely and check all required boxes in order to provide the proper information needed to create your network profile and give you the access you need. ***Return this form to room 2119*** Thank you.

Name First: _____ M.I. _____ Last: _____

UW NetID: _____ (ex: jonuser123)

***New students, faculty, and staff must activate their NetID using their campus ID number @ <https://www.mynetid.wisc.edu/activate>*

Wisc.edu email address: _____

***Your email and access information will be sent here.*

Title/Classification: _____ Start Date: _____

☐ Faculty ☐ Staff ☐ Student Hourly ☐ Veterinary Student: Class of: _____

Credentials: _____ License #: _____

Supervisor: _____ Department: _____

Building: _____ Room # (office) _____ (lab) _____

Phone # (office) _____ (lab) _____

Please review the policies at the web address listed below, check the boxes, and sign this form in acknowledgment of your agreement.

☐ <http://www.cio.wisc.edu/policies>

☐ When you terminate your employment with the School of Veterinary Medicine, you must notify us with a termination date and instructions on what is to be done with your email account and/or any files you have created on the network. This can be done in Room 2111 or 2119.

New Employee Signature: _____

<p>Supervisor/P.I. Please complete the lines below and sign.</p> <p>Email lists your new employee should be added to: _____</p> <p>Specific SVM/UWVC software your new employee needs access to: _____</p> <p>*If your new employee requires new equipment, hardware, or software, please fill out the IT Purchase Request form available in room 2119.</p> <p>Supervisor/P.I. Signature: _____</p>
