



Network Account Authorization Form

Employee Name: _____
Department Contact Name: _____ Contact Phone #: _____
Today's Date: _____ Setup Date: _____
Employee Start Date: _____ Employee End Date *(required)**: _____
Department / Location: _____ Position: _____
Company Name *(if applicable)*: _____
Why is Network Access Needed?: _____

DEPARTMENT SPECIFIC APPLICATIONS *(if applicable)*:

- Eden (Finance & Payroll Software)
- OnBase (Document Management)
- TrakIT (Permits, Planning & Building)
- FireRMS (Fire Department)
- Other *(specify)*: _____
- Other *(specify)*: _____

WORKSTATION:

- User will use existing PC at new location
- Move existing PC *(give location)*: _____
- Other *(explain)*: _____

PHONES:

- User will use existing phone at new location
- Move phone *(explain)*: _____
- Add new phone
- Other *(explain)*: _____

* Maximum duration is one year from start date (per City Manager). This date may be extended by submitting a new form for authorization.

Department Head Authorization _____ Date: _____

Human Resources Authorization _____ Date: _____

Cc: HR hr@sanbruno.ca.gov
Cc: IT itsupport@sanbruno.ca.gov

IT Completion Sign Off: _____ Date: _____