PROVISIONAL EMPLOYEE APPLICATION ACCESS

REQUEST FOR:  □ NEW USER ACCESS  
□ CHANGE OF ACCESS  
□ TERMINATE ALL ACCESS

Employee Name: ________________________________

Campus ID: ______________________ Employee ID: ___________  Panthercard #: ____________

Campus Email: ____________________________ College or VP Area: __________________________

Campus Phone: ___________ Dept. Name and Number: __________________________

Provisional Employee Application Access:

Please indicate additional access:

□ User

Other changes requested:

_______________________________________________________________________________________

Dean or Vice President Approval: ____________________________ Date: _____________

DISCLAIMER: Users of the Provisional Employee Application acknowledge that they will have access to confidential information. The undersigned agrees that they will secure their User ID and Passwords; they will not share User IDs and Passwords, screen shots or copies of any said screen shots. Any copies will be disposed of properly.

Please send completed form to Spectrum Office, P.O. Box 4030; FAX: 404-413-3034; or email Spectrum_team@gsu.edu

The employee will be notified in 2-3 business days by phone or email of the completion of their security setup.

For Spectrum Office use only:

_________________ ___________________ ___________________  Changes made: ___________________  Date: _____________

person making changes

(created 06/22/09 AS; updated 05/14/12 TG)