

Jenzabar EX Security Access Request Form

Date: _____

Dept. Name or Dept. Number: _____

Employee Termination:

<i>Current Employee's Name</i>	<i>Last Day Worked</i>

New Employee or Security Change:

<i>Employee's Name and ID Number</i>	<i>Phone Ext.</i>	<i>Grant Same Access As: <username></i>

Please Note: Jenzabar EX access will be enabled only after Human Resources has completed the PAF approval process.

Comments Specific Access Needed:

Authorized Signature

Print Authorized Name

Campus Technology Office Use Only:

Date Received: _____

Work Order #: _____

Username: _____

Special Authorization Required:

___ Registration ___ Payroll ___ Requisitions ___ Notepad ___ Attributes ___ ADDR Modification

Disabled User Login: _____ Date: _____ Deleted Date: _____

Completed By/Date: _____/_____ Enabled Date: _____

Contacted Employee By/Date: _____ Time: _____

Contacted Employee By: Phone Voicemail Email

Contacted Computer Support Specialist Date: _____ Time: _____