

Colleague Access Request Form

Employee Name: _____ College ID# _____

Department: _____ Bergen Username: _____

Room #: _____ Phone#: _____

Status: ☒ FT Faculty ☐ FT Staff ☐ PT or Temp Staff ☐ Adjunct Faculty ☐ Lecturer

Employee's Start Date: _____

PT/Temp Staff Termination Date: _____ **(Required)**

Request type: ☒ New Account Request ☐ Modify Existing Account

List specific screens needed and security clearance (view or edit) for each: _____

Additional Information/Comments: _____

For New Accounts: List name & ID# of employee to model account after: _____

Supervisor Name (print)

Supervisor Signature

Date

President's Cabinet Member (print)

Cabinet Member's Signature

Date

Submit this form **with all signatures** to the Help Desk in **L154B** or scan & send to **helpdesk@bergen.edu**.