S.U.S.D. Security Request Form
Financial System

Check this box if person duplicated needs to be Inactivated ☐

Department:

Select Site from list, or type in Site if not found.

First Name: Employee ID:

Last Name: Position:

E-Mail   Person ḑ ÁDuplicate:

Reason for Request & Other Additional Requests

In compliance with Board Policy 3400, and 3580, as well as the Acceptable Use Policy you signed to use S.U.S.D.'s network, Users of S.U.S.D.'s Financial System are to continue to adhere to these guidelines, ensuring employee records, as well as financial records remain secure at all times. It is against S.U.S.D. policy to share your username/ password with any other individual. It is Strictly prohibited to share your username/password. Consequences for such action may result in the immediate revoking of access to S.U.S.D.'s databases and network.

Please inform Information Services of any changes of site/department within the district, or termination.

My Signature acknowledges that I have read and understand the purpose and consequences of this policy statement.

User Signature: Date

Manager/Director Þæ ^K   Date

Manager/Director SignatureK   Date

Budget Director SignatureK   Date

Fill out requested information either typing directly into this pdf or printing and filling out the fields.
After the fields are filled please submit this form with
the appropriate signatures via HelpDesk ticket at
[helpdesk.stocktonusd.net] with the subject "SECURITY REQUEST FORM - NAME"