

New Employee Computer Access Request Form

First Name: _____ M.I. ___ Last Name: _____

Campus NetID: _____

Note: New students, faculty, and staff must activate their NetID's using their Campus ID number @ <https://www.mynetid.wisc.edu/activate>

Title/Classification: _____ Start Date: _____

Are you a Veterinarian? License #: _____ Credentials: _____

If VMTH, choose one: Faculty Resident Intern

Are you a Vet Student? Class of: _____

Department/Hospital Service Area: _____

Supervisor: _____

Office Room #: _____ Office Phone #: _____

Lab Room #: _____ Lab Phone #: _____

Do you have an existing email account you want to continue to use here?

If Yes, email address: _____

Do you want a new/separate SVM email account?

Are you aware of the University of Wisconsin appropriate use guidelines for use of campus computer equipment?

Please review the policies, attached and at these web addresses and sign this form to acknowledge your review.

http://www.vetmed.wisc.edu/Network_usage_policy.100.0.html

<http://www.cio.wisc.edu/policies/appropriateuse.aspx>

When you terminate your employment with the School of Veterinary Medicine, you must notify us with a termination date and instructions on what is to be done with your email account and/or any files you have created on the network. This can be done in Room 2111 or 2119.

User Signature _____

P.I. / Supervisor Signature

Authorization for network access _____