

ACCESS REQUEST ROUTING FORM

(Email/Voicemail/Computer)

****This form must be completed by a supervisor and requires Department Vice President approval****

Date of request: _____

Request for access to: ☐ Email ☐ Out-of-Office Message ☐ Voicemail ☐ Computer

Prior employee Information:

First name Last name Prior Employee NetID Department

Is this former employee a CSU/CSU Pueblo Student: ☐ No ☐ Yes *If Yes, when was their last semester* _____

What is the purpose of this information and time period?

List the names and NetIDs of those that need access to this information (up to 3):

Out-of-Office Message (if requested):

Supervisor completing this form:

First and last name Title Department

Email address Phone number

Department Vice President approval:

Signature of approval Date

***SUBMIT COMPLETED FORM TO INFORMATION TECHNOLOGY (IT) OFFICE:
CSU Pueblo Help Desk, csup_help_desk@csupueblo.edu***

Routing sequence – After approval by signature below, please route to the next department.

Department	Date Received	Approval by Signature
<input type="checkbox"/> Human Resources		
<input type="checkbox"/> Office of the General Counsel Legal Review		
<input type="checkbox"/> Information Technology		

Comments/Notes:

☐ Return to Human Resources Date: _____