

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: <input type="checkbox"/> Email <input type="checkbox"/> Voicemail <input type="checkbox"/> Computer
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The following is information about the former employee this request is regarding:

First name	Last name	Department
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What is the purpose of this information?

What is the time period the access is needed for?

Supervisor completing this form:

First and last name	Title	Department
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Email address	Phone number
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Department Vice President approval:

Signature of approval	Date
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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	Initial	Date Forwarded	Approval by Signature
<input type="checkbox"/> Human Resources				
<input type="checkbox"/> Office of the General Counsel – Legal Review				
<input type="checkbox"/> IT				

Comments/Notes:

Return to Human Resources Date: