

# GRCC Building Access Request (Pursuant to Policy 14.14)

Date Requested: \_\_\_\_\_

Date Received: \_\_\_\_\_

Name (print): \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

Reason for Request:  New  Replacement

Reason for replacement: \_\_\_\_\_

Requesting Party (Must be a department head, director or supervisor.)

Name (print): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

**KEYS NEEDED** (Fill in known information.)

Key Number (locksmith use only)	Building	Door(s) and/or Lock(s) to be Opened (Raider Card Access included)	Restricted Time(s)	Notes
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

**REQUIRED SIGNATURES**

Executive Director and/or Associate Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Police Department (CCH Complete): \_\_\_\_\_ Date: \_\_\_\_\_

Chief of Police: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMISSION INSTRUCTIONS**

Scan/email this form to: **mmbarnum@grcc.edu**

OR FAX this form to: (616) 234-4962

OR interoffice this form to: Campus Police Department  
25 Lyon St. NE  
Grand Rapids, MI 49503

# GRCC Network Account Provision Request

This form must be completed, signed, and returned to Human Resources within seven (7) business days of start date, separation, or transfer. Forms missing signatures or information may be delayed. Please allow three to five (3-5) days for processing. Additional access requests may be sent directly to ITSupport@grcc.edu.

## USER INFORMATION Provisioning Status

New Hire   
  Transfer   
  Additional Access   
  Temporary Leave   
  Separation   
  Extend Current Access  
 Start Date: \_\_\_\_\_ End Date (if known): \_\_\_\_\_  
 Name (print): \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_  
 Department Name: \_\_\_\_\_ Employee Group: \_\_\_\_\_ Other: \_\_\_\_\_  
 Office Location (Building, Room Number): \_\_\_\_\_

If new hire or transfer, who formerly held this position?:

Name (print): \_\_\_\_\_

## PHONE AND/OR COMPUTER EQUIPMENT NEEDS

**Note:** New Hires will inherit equipment that is assigned to the position. If new equipment is required, please complete the account number field and a representative will contact you to determine the technology that fits your need.

Account number: \_\_\_\_\_

**Computer Needs:** Is there an existing computer assigned to this position?  Yes  No  Not Applicable  
 Does this employee require accessibility configurations?  Yes  No  
 Is the computer and/or hardware already in the office space for this position?:  Yes  No  Not Applicable

**Phone Needs:**  Reassign Existing   
  Assign New   
  Specify Extension \_\_\_\_\_   
  Use Shared  
 Does this employee need an agent login to take calls for your department?  Yes  No

## NETWORK RIGHTS

Indicate this employee's network access needs below. Check and complete all that apply.

**Email Group(s):** Select all email groups this employee needs and/or list any additional groups. (By default, all users are added to All Staff and the GRCC Post-It Board.):  BCO   
  BCO\_SEC   
  Registration  
 Other (specify): \_\_\_\_\_

**S: Drive Folder:**  Yes  No Copy and paste folder location this employee needs to access. If none are specified, no access will be given.:

**PeopleSoft:** Does this person need PeopleSoft CS/HR office functionality?  Yes  No  
 If yes, will they run PeopleSoft reports?  Yes  No  
 Does this person need FS budgets or finance access?  Yes  No  
 If additional access, identify function (approval signature required below): \_\_\_\_\_

**Approval Signature:** (FS – Todd Hurley; CS – Bryan Vliem; HR – Cathy Kubiak)  
 \_\_\_\_\_ Date: \_\_\_\_\_

**Document Imaging:** Does this person need Document Imaging access?  Yes  No  
 If yes, will they approve Leave of Absences?  Yes  No Time sheets?  Yes  No

**Other Access:** Will this person edit a department web page?  Yes  No  
 If yes, specify: \_\_\_\_\_  
 List all printing cost center(s) as they appear when you swipe your card to print.

\_\_\_\_\_ List any additional roles and/or access this individual needs. Be specific to which system or technology.

**REQUIRED SIGNATURE**

Supervisor's Name (print): \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HUMAN RESOURCES AND INFORMATION TECHNOLOGY USE ONLY**

**HR:** Received Date: \_\_\_\_\_  
New Position?:  Yes  No Position Number: \_\_\_\_\_

**IT:**  Employee Indicator Applied  
 Form copied to S: Drive  
IT Ticket Number: \_\_\_\_\_  
Child Ticket Number(s):  
 Network Account Number: \_\_\_\_\_  
 Telecom Ticket Number: \_\_\_\_\_  
 Hardware Ticket Number: \_\_\_\_\_  
 CS/HR Prod Ticket Number: \_\_\_\_\_  
 FS Prod Ticket Number: \_\_\_\_\_  
 Misc Ticket Number: \_\_\_\_\_