

NSBO Request for Network Access

Please fax this form to "Help Desk" at: 301-670-3270

Start Date: _____ **End Date** (if temporary assignment): _____

Name of Employee: _____ Employee ID#: _____

Current Department/Office: _____

Physical Location/Address _____

Phone #: _____

Room #: _____

Is this user new to MCPS? Yes No

Is this user new to your department? Yes No (If not moving only needs additional access)

If yes, list employee's prior department: _____

Information Required for Network Access:

(This information should be obtained from a current employee desktop computer with the same/similar job responsibilities)

1. At your Desktop, click on My Computer

2. Under Network Drives, please copy the following information

o (J:) (example: Depts on 'CESC')

(J) _____

o (M:) This is your department's shared drive: (example: HelpDesk on 'CESC')

(M) _____

Access will be given to the entire shared drive and all folders, unless specifically identified below: Please indicate read or read/write access where required.

3. Please list any key folders within the department's shared drive (M:) that should **NOT** be given access. _____

4. Please list any additional shared folders that access should be granted. Please also indicate whether access is read only or read/write access.

NOTE: Outlook Email Accounts: NEW MCPS employees are automatically created
Non-MCPS employees need to complete Form 271-4A application form

As the Director/Supervisor I have reviewed and approved these access rights

Name (please print) _____ Date: _____

Director/Supervisor Signature: (original signature only) _____