

Network Services Request Form

Use of the MCPS Information System is a privilege not a right. District policy regarding network access is found in Personnel Policy 5450 and 3612. Access to the network resources may be restricted or denied due to not-compliance with this policy. Blatant or continual abuse of this privilege may result in disciplinary action being taken pursuant to District policies.

Network accounts for faculty and staff will be setup and maintained by the Information Systems Center (ISC) according to District employment records. The initial network account will be created following receipt of this form and remain active during your tenure with the District. Details governing account creation can be found in the Administrative Procedures Manual under the Technology section.

I am aware of the District network policies as given in Personnel Policy 5450 and 3612. Requesting this network account signifies my intentions to comply with said policy during my tenure as an MCPS employee.

I am aware that any account that is inactive for a period of more than 140 days (3.5 months) will be automatically deactivated.

I am aware that if I am terminated or resign from the District, I will have a maximum of 7 days to retrieve content from my District mapped drives and email accounts before these accounts are deactivated.

Employee Signature

Date

Please complete this form and return it to the Information Systems Center in the Business Office, Attn: Help Desk.

User information needed for network connection:

- New Network User Account
- □ Network Account Moved (building assignment change)
- Long-term substitute or student teacher

(Your network ID and email address will utilize your first initial, middle initial and last name.)

Other

Last Name	First		Middle Initial		
Building/School:		_ Room #:	Position:		
(If you are assigned to more that base.)	n building, plea	ase list. Plea	se also indicate which building you	would like to be	your home
New Position or Name of indiv	vidual who you	u are replac	ing:		
Telephone Number/Extension	:	If trans	ferred, from what school/building	g:	
Are you a Zangle/Q user:	🗆 Yes 🗆	No A	re you a Tyler Munis user:	Yes	🗅 No
Select a password (5-8 charac	cters/letters or	numbers):			
Supervisor/Principal Approval (required):			Date:		
If you have any questio (406)728-2400 ext. 777	•		o call or email the Information Systent of the second states of the system of the syst	əms Center (ISC)	Helpdesk at

Office Use User ID: Date:

Technician: