

**Los Angeles Trade-Technical College
Management Information Services**

INFORMATION SYSTEM ACCESS REQUEST AND AGREEMENT

Employee Name: First, Last, and Middle initial are required for processing. If no middle initial, please so indicate. Type or print legibly.

_____ No Middle Initial _____
Last Name First Name Middle Name Employee Number

_____ _____ _____
Department Position Title Ext.

Employee Status: **New** **Current** **Returning** **Terminate** **Transfer/Location:**

Instructions: LACCD/ LATTTC System access is granted according to position and is processed as Authorized on this form. Assistance with determining system access is available. **Please review form for completeness before submitting for processing as incomplete forms cannot be processed.**

Submit form to Educational Services, A-108, for processing.

1. SYSTEM ACCESS REQUESTED Mark (✓ or X) each system requested and attach supplement form if so indicated.

ADD	DROP	MODIFY	
_____	_____	_____	BASIC SYSTEM ACCESS (Office Suite and Internet Access)
_____	_____	_____	DEC Attach completed LACCD DEC Online Access Authorization Form.
_____	_____	_____	ELECTRONIC MAIL (Restricted to Faculty and Staff Use Only)
_____	_____	_____	LATTTC WEBSITE UPDATE CAPABILITY
			_____ Department Page
			_____ Gatekeeper / System
			_____ Update Syllabus and/ or Professional Profiles.
_____	_____	_____	TRADE- TECH INFORMATION SYSTEM (Modules: Accounting, Budget, Curriculum).

2. SYSTEM USAGE AGREEMENT

I have received a copy of Los Angeles Community College Administrative Regulation E-76, Use of District and College Computing Facilities and agree to abide by its regulations.

I understand that passwords are established for employees as part of their assigned District/ College duties and that I am responsible for all system activity that occurs under my access. As such, I understand that I am not to give my password to other individuals.

I also understand that I may not do anything that interferes with and/ or impedes with network operations, hardware, or software and that I may not move/ remove hardware from the network without Management Information Services authorization and/ or assistance.

_____ _____
Employee Signature Date

3. Approvals

_____ _____
Activity Supervisor Date

OFFICE USE ONLY
Approval
<input type="checkbox"/> Process as Requested
<input type="checkbox"/> Process as Modified
<input type="checkbox"/> Not Approved
By: _____ Date: _____
Notifications
By: _____ Date: _____