



RJ TECHNOLOGIES, LLC

Network User Access Request Form

Please provide all necessary information.

INDIVIDUAL REQUESTING NEW/CHANGE

NAME:	
COMPANY:	
DEPARTMENT:	
LOCATION:	

NEW USER INFORMATION

NAME:	
POSITION:	
DEPARTMENT:	
SUPERVISOR:	
START DATE:	

- FULLTIME
- PARTTIME
- PERMANENT
- TEMP

Does employee require email?	Yes	<input type="radio"/>	No	<input type="radio"/>
Does employee require access to a PC?	Yes	<input type="radio"/>	No	<input type="radio"/>
Is there an existing network connection available?	Yes	<input type="radio"/>	No	<input type="radio"/>
Does a PC have to be ordered?	Yes	<input type="radio"/>	No	<input type="radio"/>
Does employee require remote access?	Yes	<input type="radio"/>	No	<input type="radio"/>

SYSTEMS / APPLICATIONS SETUP AND SECURITY

Name of employee whose security access level should be copied:

SOFTWARE / APPLICATIONS (Please list)	