



Morgan County School District RE-3

715 W. Platte Avenue
 Fort Morgan, Colorado 80701
 Phone 970-867-5633 Fax 970-867-0262
 www.morgan.k12.co.us

Employee Access Form

Employee Name: _____

New L.T. Sub Sub
 Returning Transfer

Preferred User Name (first, last): _____ Phone: () - (W/C/H/O)

Building: _____ Extension: _____ Transferring From: _____

Start Date: / / Employee ID: _____ EDID: _____

Job Title: _____ Department: _____

DOB: / / Gender: Cert/Class/Admin _____

Replacing: _____ Disable: End Date: / /

Allow up to five (5) business days for completion of access.

Information Technology: Access level will be based on job title/function listed above. Select which access is needed (check all that apply) from the list below:

Check	System	Comments	Tech use only			
			User ID	Password	Initials	Inactive
<input type="checkbox"/>	RANDA (evaluations)					
<input type="checkbox"/>	Aesop (subs)					
<input type="checkbox"/>	Alio (accounting)					
<input type="checkbox"/>	Network					
<input type="checkbox"/>	g-mail / google docs					
<input type="checkbox"/>	Voice mail					
<input type="checkbox"/>	School Dude					
<input type="checkbox"/>	Infinite Campus	Lunch:				
<input type="checkbox"/>	DibelsNet					
<input type="checkbox"/>	mClass					
<input type="checkbox"/>	FOB Code:					

Facilities: Access level will be based on job title / function listed above.

Administrator Signature:		Date Issued:	
Facilities Signature:		Date Issued:	
Account Notification Date:		Account Notification Initials:	

Removals/Deactivations:

FOB/Keys Return Date:		Facilities Initials:	
Accounts Inactivated Date:		IT Initials:	

Return this form to the HR Department at the District Support Center. The building secretary, administrator and/or person signing this from will be notified via email when accounts are completed.