

Please submit form to HR for review



User Account Request Form

Date of Request: Date Needed:

Employee Name:
School/Building:
Position/Title:
Department:

Petersburg City Public Schools
255 South Blvd. East
Petersburg, Virginia
U.S.A.
23805
Phone: 804-732-0510
<http://www.petersburg.k12.va.us/>

Part-Time ☐ Full-Time ☐ Substitute ☐ Long-Term Sub ☐ Contract ☐

Office/Room #:
Employee ID#:

****In Order to Qualify for a PCPS Account, the Employee must be at least a Long-Term Substitute****

Action Requested: Check All That Apply

New Account Without E-Mail ☐ Change Name Of Account ☐ Delete/Disable Account ☐ PowerSchool Access ☐
New Account With E-Mail ☐ Reset Password ☐ Reactivate/Enable Account ☐ Keystone Access ☐

Purpose:

New Hire ☐ Termination ☐ Forgotten/Lost Password ☐ Leave Of Absence ☐ Returned From Leave Of Absence ☐

Already Have Account but Need E-Mail ☐ Current Account (If Applicable)

HR Use Only: Please forward to Technology

Employee Qualified ☐ Employee Is Not Qualified ☐

Signature Of Requestor

Signature Of HR Personnel