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.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>No Middle Initial</th>
<th>Employee Number</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Department | Position Title | Ext. |
|-----------|----------------|------|

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

**Instructions:** LACCD/ LATTC 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)
     - LATTC 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.

   **OFFICE USE ONLY**
   - Approval
     - Process as Requested
     - Process as Modified
     - Not Approved
     - By: _______ Date: _______
   - Notifications
     - By: _______ Date: _______

3. **Approvals**
   - Employee Signature Date
   - Activity Supervisor Date