



Information Systems Access Request/Change Form

Paper copies/faxes/phone calls will not be accepted

For **new hires**, the completed form must be emailed as an attachment from Human Resources to Infosys@mpspride.org. New Hires will receive a Badge/ID and an email account upon hire. Software access will be assigned based on position.

For **additional/changes**, to **suspend** or to **revoke** access, this form must be completed and emailed as an attachment to Infosys@mpspride.org. Emails can be sent by Administrator's secretary as long as Administrator is included in email authorizing request.

For problems with existing accounts, enter a work order through SchoolDude.

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|---|----------|--------------------------|------------------------------|--------------------------|-------------------------------|--------------------------|---------------|
| <input type="checkbox"/> | New Hire | <input type="checkbox"/> | Change for Existing Employee | <input type="checkbox"/> | Suspend Access Until Notified | <input type="checkbox"/> | Revoke Access |
| Name: | | | | Effective Date: | | | |
| Building(s): | | | | Position: | | | |
| If person replacing another employee, whom: | | | | | | | |

| | | | |
|--------------------------|----------------------|--|--|
| <input type="checkbox"/> | Badge/ID Only | Building(s) Access Required (if none – ID only will be issued): | |
|--------------------------|----------------------|--|--|

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|---|--------------------|--------------|--|
| <input type="checkbox"/> | eSchoolPLUS | Building(s): | |
| Please type description of access requesting. Be sure to indicate View Only/Modify: | | | |
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| Access in addition to standard position permissions (Please type description of access requesting): | |
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|--------------------------|-----------------|--------------------------|-----------------------|--------------------------|------|--------------------------|-------|--------------------------|---------|
| <input type="checkbox"/> | PerformancePLUS | <input type="checkbox"/> | Electronic Curriculum | <input type="checkbox"/> | NWEA | <input type="checkbox"/> | Lexia | <input type="checkbox"/> | Teacher |
|--------------------------|-----------------|--------------------------|-----------------------|--------------------------|------|--------------------------|-------|--------------------------|---------|

| | | | | | | | | | |
|--------------------------|------------------------------|-----------------------------------|---------------------------------|--------------------------|----------------|--------------------------|--------------|--------------------------|-----------|
| <input type="checkbox"/> | Munis | | | | | | | | |
| | Org (ex: 24099100) | Object(s) (5320 – 5900) | Project (Grants Only) | Access | | | | | |
| | | | | <input type="checkbox"/> | Req Entry | <input type="checkbox"/> | G/L Inquiry | | |
| | | | | <input type="checkbox"/> | Budget Entry | <input type="checkbox"/> | Current Year | <input type="checkbox"/> | Next Year |
| | | | | <input type="checkbox"/> | Budget Reports | <input type="checkbox"/> | Current Year | <input type="checkbox"/> | Next Year |
| <input type="checkbox"/> | Other: | | | | | | | | |

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| Requested by: <i>(must be an Administrator/Supervisor/Department Head)</i> | |
| Name: | Date: |
| Submission of this form as an email attachment will be an authorized signature. | |

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|---|---------------|----------|--|
| For Information Systems Use Only | User ID: | Badge #: | |
| | Completed by: | Date: | |