

NAVARRO COLLEGE PASSWORD AGREEMENT

Complete this form and submit to Human Resources for processing

New Hire Access Change Name Change

Employee Name: _____
(Please print name legibly)

Date of Hire/Change: _____ Date of Birth: _____ Colleague ID #: _____

Cell Phone / Home Phone (Circle which applies): _____

Preferred Name for E-mail: _____
(preferredname.lastname@navarrocollege.edu)

Job Title: (i.e. Adjunct – Math, Clerk, Cook, etc.) _____

Check appropriate box

<input type="checkbox"/>	Administrator
<input type="checkbox"/>	Faculty
<input type="checkbox"/>	Paraprofessional
<input type="checkbox"/>	Support Staff
<input type="checkbox"/>	Student

Full-Time: _____ Part-Time: _____

Alternate E-mail Address (Write N/A if you do not have a home e-mail): _____

Department: _____

Campus (Please Circle): Corsicana Waxahachie Mexia Midlothian Fairfield

Immediate Supervisor: _____

I understand I will be issued a Password to access the Navarro College Computer System. I understand that I am solely responsible for this access code and that it is not to be used by anyone other than myself. It is a privilege to have access to the Computer System and I will not abuse this privilege.

Employee Signature

Colleague Access Required

If Colleague access is required, please have the authorized Dean, Assistant Dean, or Department Head complete the section below. Part-time employees requiring Colleague access are subject to a background check.

This Employee should have the same access level in Datatel as: _____

Signature of Authorized Personnel

Printed Name and Title of Authorized Personnel

**Note: This form must be completed for processing by H/R and submission to the IT department before the account will be created and activated.*