

Network/Exchange Account Request Form

Employee Name: _____ College ID# _____

Department: _____ Room #: _____ Phone#: _____

Title: _____ Bergen Username: _____

Status: FT Faculty FT Staff PT or Temp Staff Adjunct Faculty Lecturer

Employee's Start Date: _____

PT/Temp Staff Termination Date: _____ **(Required)**

Does this employee require a Bergen E-mail address? Yes No

Does this employee require access to shared network folders? Yes No

Specify network folder name(s): _____

Does this employee require access to shared calendars? Yes No

Specify calendar name(s): _____

Does this employee require access to a shared mailbox? Yes No

Specify shared email mailbox name: _____

Additional requests or comments? _____

Requested by (print)

Email address

Phone #

Supervisor Name (print)

Supervisor Signature

Date

Submit this form **with all signatures** to the Help Desk in **L154B** or scan & send to **helpdesk@bergen.edu**.