



PROVISIONAL EMPLOYEE APPLICATION ACCESS

- REQUEST FOR: NEW USER ACCESS
 CHANGE OF ACCESS
 TERMINATE ALL ACCESS

Employee Name: _____

Campus ID: _____ Employee ID: _____ Panthercard #: _____

Campus Email: _____ College or VP Area: _____

Campus Phone: _____ Dept. Name and Number: _____

Provisional Employee Application Access:

Please indicate additional access:

User

Other changes requested: _____

<p>Dean or Vice President Approval: _____ Date: _____</p> <p>DISCLAIMER: Users of the Provisional Employee Application acknowledge that they will have access to confidential information. The undersigned agrees that they will secure their User ID and Passwords; they will not share User IDs and Passwords, screen shots or copies of any said screen shots. Any copies will be disposed of properly.</p>

Please send completed form to Spectrum Office, P.O. Box 4030; FAX: 404-413-3034; or email Spectrum_team@gsu.edu
The employee will be notified in 2-3 business days by phone or email of the completion of their security setup.

For Spectrum Office use only:

Changes made: _____
person making changes

Date: _____