TECHNOLOGY USER FORM (TUF)

DEPARTMENT OF INFORMATION SYSTEMS

1. EMPLOYEE INFORMATION (Please Print)

Last Name_____ First Name_____

Position/Job Title_____

Building_____ Phone_____

_____ **New User** Building/Department: _____/_____

_____ **Additional Building(s)** _____

_____ **Resigned/Retired** Building/Department: _____/_____

_____ **Transfer User From:** Building/Department: _____/_____

        To: Building/Department: _____/_____

_____ **Name Change From:** _____

        To: _____

            (Name change affects network acct, email, copier pin, TAC login, eSchoolPlus login)

2. SERVICE(S) REQUESTED (Check all that apply)

_____ **Copier PIN #**

_____ **Email** (attach Acceptable Use Policy Form (**AUP Form #7542**) if not already on file with DIS)

_____ **eSchoolPLUS** roles will be assigned based on job description

_____ **WEB TOOLS on PCSD Intranet** Staff Web Tools will be assigned based on Job Description

       (Call Slips, ERNIE, EMILY, DINO, SOAP, etc.)

_____ **PSSP** for Special Education Teachers and Therapists ONLY

***** **Teacher Access Center (TAC)** Building Office Staff completes by adding employee to building Staff *****

3. WHO DID THIS EMPLOYEE REPLACE

Effective Date of Change _____

Who Did This Employee Replace _____

4. SIGNATURE OF RESPONSIBLE SUPERVISOR/PRINCIPAL

_____

ROUTE TO: Send ORIGINAL TO: DIS @ Central Office, Attn: Susan Iwaszkiw via
email (iwaszkiws@parmacityschools.org) and/or (fax: 440-885-8383)
Received in DIS _____