

Authorization for Computer Access CEU - San Juan Campus

Employee Name: _____

Department: _____ Budget Code: _____

Classification: Full-Time Faculty Staff
 Part-Time Faculty Staff Student Employee
 Department

Supervisor: _____

Reason for Access: _____

Printing: Unlimited
 Limited Number of pages _____

I understand the above form and agree to be responsible for charges incurred by the account created. I have read and agree to abide by the attached policy "Appropriate Use of Computer Equipment" from the CEU Policy and Procedures Manual.

Employee Signature _____

Supervisor Approval _____

Vice President Approval _____

Date Created: _____ Created by: _____