

Application Instructions:

1. Download Application from <http://dets.sbccd.org/forms>
2. Have employee fill out top portion of application.
3. Have supervisor fill out bottom portion of application.
4. If the employee's position is **Classified Hourly (CH)**, **Part-Time Hourly (PT)**, **Student Employee (ST)** and is requesting **Datatel** or **ImageNow** access, employee must be fingerprinted and a copy of the "Live Scan" receipt must be attached with this application. Contact Human Resources for more information.
5. Print the **2nd page of the application ONLY** and have the employee and supervisor sign the application.
6. Send completed application via "inter-campus" mail to **District Computing Services, ATTENTION - Administrative Assistant**

***NOTE: THIS APPLICATION MUST BE TYPED AND WILL NOT BE ACCEPTED
HAND WRITTEN.***

General Information:

- If the previous person is no longer an SBCCD employee they will be removed from the system.
- The SBCCD ("The District") Computer System is for the use of Faculty, Staff, and Management employed by the District and is for official District business only.
- Never divulge your password to anyone - even the Computing Center Staff or Management. Recognize that Management and the Computing Center personnel have access to your account for business purposes.
- Never leave your terminal session open unattended (e.g. while at Lunch or on break).
- Do not let others use your logon. You are accountable for activities performed during your logged on session.
- The District may reduce or revoke access **WITHOUT NOTICE**.
- Accounts not used for 30 consecutive days may be deactivated.
- Voice mail accounts not setup by the user, within 30 days, are subject to deletion without prior notice.

Board Policies / Administrative Regulations:

Per Board Policy (BP3730 and AP3730), the District reserves the right of access to and disclosure of electronic mail messages sent or received by employees with the use of the District electronic mail system...The District may review the electronic mail communications of an employee to determine whether there have been any breaches of security, violations of company policy, or defalcations of duty on the part of the employees....

To read the full board policy and others, go to <http://www.sbccd.org/boardpolicies>

DO NOT PRINT THIS PAGE

USER APPLICATION

Submit all applications to DCS (District Computing Services)
This application must be TYPED or it will not be accepted.
 Expect 3 to 10 business days for processing.

By Employee	Application Type:	Site:	Employee Information:	
	<input type="checkbox"/> New User	<input type="checkbox"/> Crafton	Last Name : _____ First Name : _____	
	<input type="checkbox"/> Returning User	<input type="checkbox"/> Valley	Middle Initial : _____	
	<input type="checkbox"/> Transfer from Dept/Site: _____ / _____	<input type="checkbox"/> District	Date of Birth : _____	
<input type="checkbox"/> Update Information		SSN : <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> OR Datatel ID : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Note: Datatel ID is also known as your Staff ID, Faculty ID or Student ID.

Position Information:

Title / Position : _____ Dept. : _____

Building / Room # : _____ Start Date : _____ End Date : _____

Position Type: (Check most applicable box)

<input type="checkbox"/> CF - Classified Confidential	<input type="checkbox"/> NF - Non-Teaching Faculty	<input type="checkbox"/> PT - Part-time Hourly	<input type="checkbox"/> ST - Student Employee
<input type="checkbox"/> AM - Academic Manager	<input type="checkbox"/> CH - Classified Hourly	<input type="checkbox"/> CC - Classified Contract	<input type="checkbox"/> OT - Other
<input type="checkbox"/> CM - Classified Manager	<input type="checkbox"/> AF - Adjunct Faculty	<input type="checkbox"/> FC - Contract Faculty	<input type="checkbox"/> _____

Standard Accounts:

Network : E-Mail / Internet | Phone w/ Voicemail for Full-Time. Required Phone #: _____ OR Voicemail Only for Adjunct / Part-Time

Authorized Accounts:

Datatel / Colleague **

Which employee's security rights should be matched? _____

Do they need: Cash Drawer Registration Entry WebAdvisor (Counselor)

ImageNow ** | SARSGrid | SARSTrak | LeavTrak

Notes :

*** For position types - CH, PT, ST, OT - a "Live Scan" (fingerprinting) must be attached. Contact Human Resources for more information.*

Misc Information:

Who previously held this position: _____ | Are they still an employee of SBCCD? Yes No | If Yes, what dept? _____

By signing below, I am certifying that I have read and agree to the board policies and guidelines governing the above requested accounts and services.

Employee's Signature : _____ Date : _____

Supervisor's Name (Print) : _____ Signature : _____ Date : _____

For District Computing Services Use Only

<p style="text-align: center;">Network Information</p> <p>HDO Ticket # : _____</p> <p>Username : _____</p> <p>Password : _____</p> <p>E-Mail Address : _____</p>	<p style="text-align: center;">Phone/Voicemail</p> <p>HDO # : _____</p> <p>Number : _____</p> <p>Password : _____</p>	<p style="text-align: center;">Account</p> <p>HDO # : _____</p> <p>Login : _____</p> <p>Password : _____</p>	<p style="text-align: center;">Account</p> <p>HDO # : _____</p> <p>Login : _____</p> <p>Password : _____</p>
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