Department of Information Technology

Employee Authorization Form

Department/Agency: _____

		Put an 'X' for authorized areas.				
(please print) **Employee Name**	**Employee Signature**	**Comp Auth**	**Business Cards**	**Photo ID**	**Printing**	**Ordering**

Comp Auth: Allows the employee to request adds, changes, and deletes of user information and authorizations on our various networks.

Photo ID: Allows the employee to order photo ID cards for your department.

Printing: Allows for the ordering of various printing jobs from Central Services. This includes business cards, posters, booklets, color copies, etc.

Ordering: Allows the employee to request the IT department to order equipment and supplies on behalf of your department. Must be limited to individuals who are allowed to sign claims submitted to the Auditors office.

_____ _____

Department Head Signature **Date**