

AUTHORITY TO EXTEND COMPUTER ACCESS

This form is to be used to authorise **Departmental/Faculty computer registration officers** to extend computer network and Internet access for the nominated staff member.

The grace period **cannot** be extended beyond the 30-day period that commences on the end-date.

SECTION 1 - STAFF MEMBER'S DETAILS			
Title	Family Name	Given Name(s)	
Personnel ID Number		User Name	
Department /Faculty		Campus	
Building		Room	
Telephone Number			

SECTION 2 - REASON FOR THE EXTENSION (Please tick one)
<input type="checkbox"/> Renewal of Contract still being negotiated
<input type="checkbox"/> Renewal of Contract dependant upon a pending research grant
<input type="checkbox"/> Other (Please specify)

SECTION 3- AUTHORISATION	
STAFF MEMBERS SIGNATURE	
Signature _____ Date ____/____/____	
ORGANISATIONAL UNIT AUTHORISATION	
I authorise that this person be issued with a 30 day Extended computer access:	
Head of Unit, Resources Manager or Delegate <i>Please Print name</i>	Contact Extension No.
Signature _____	Date ____/____/____

SECTION 4 - Departmental/Faculty IT Services	
Processed Date ____/____/____	Processed by _____

The completed **original** form is to be held by the **Faculty/Department**.

A **copy** is to be sent to the **Faculty/Department's IT unit** that grants the extended period.

NOTE: It is a requirement of the Information Technology **S**ervices **D**ivision that this form be completed before access is granted.