Please PRINT legibly if not submitting electronically



CITY OF AMERICUS USER ACCESS CONTROL FORM

Approved: 03/2019

INSTRUCTIONS: Complete all applicable fields, obtain administrative approvals and email to support@leverageNEOS.com or fax to 866-237-9450

	or's Name st, First, MI):		Home Phone:
* Department Name:			
* Employee Identification Number			* Work Phone
* Supervisor (if applicable):		* Ext:	*Supervisor's Email
*User's Job Title:			
*Effective Date:			
If a user is provided to copy permissions from in the "Setup User same as" field, IT will only copy permissions for applications checked below.			
That user will not automatically be granted access to every application that the "Set up user same as" user has. Request Type Access Required			t the "Set up user same as" user has.
	New User - New Account		Access Required
	Set up user same as (enter user information below):	-	Email:
	Employee:		VPN:
			*If VPN Access is required, please note in Special Instructions which applications or file shares need to be accessed through the VPN.
	Modify - Existing Account		Applications:
	Set up user same as:		
	Employee:		CSI:
			TimeClock Plus:
	Transfer of Department		
	Delete User - Delete Account		
Special Instructions:			
IMPORTANT: User password and ID are not to be shared with anyone! IT does not keep your password on file. Do not write your password down. Use a strong password: recommended 8 characters minimum, at least one upper case, one lower case and one number or special character if allowed. The HR Department and NEOS must be notified of any changes in the user's role which may alter need to know access.			
By signing below, I have read and agree with the above statements.			

^{*} Fields with an * are required. Access will not be processed if not completed.