# CAL MARITIME

## Blackboard Access Form

### Employee Information

| | |
|---|---|
| Employee Name: _____ | Date: _____ Time: _____ |
| Employee Number: _____ | Employee's Phone: _____ |
| Department: _____ | Location: _____ |
| Manager's Name: _____ | Manager's Phone: _____ |
| Manager's Signature _____ | **(Manager's signature is required for approval.)** |

### Employee Status
**(Please select one of the following.)**

Full-time ☐          Contractor ☐          Part-time ☐          Temporary ☐          Student Worker ☐

### Access Requested
**(Please check the Blackboard Module the employee needs access to.)**

Please indicate if this is a new or modified request:          New ☐          Modify ☐

Dining Hall ☐          Accounting ☐          Administrative ☐          Dining Services ☐

Other: _____

### Description
### (Describe the need for access)

### Applicant's Signature
**(The applicant's signature is required.)**

By signing this document, I signify that I have read, understand, and agree to abide by the company computer use policy.

Applicant's Signature: _____          Date: _____

### Manager's Signature
**(The applicant's signature is required.)**

By signing this document, I signify that I have read, understand, and agree to abide by the company computer use policy.

Manager's Signature: _____          Date: _____

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## Please return this form to: Information Technology Services

Once created, all account information will be sent to the applicant.  Direct any questions regarding your application for network access to Information Technology Services.