

_	
Date:	
Date.	

BC Employee Account(s) Request Form

Name:	С	ept./Title:			
Employee ID#:	Start Date:		F/T, P/T,	Temp., Kelly,Stud.Assis	st.
Type of Request (check as many as needed):			New or F	Former Employee:	
Brazosport Network This account is used to log on t when the network account is created. This account als				twork. The P: drive and J	drive are automatic
Departmental Share (please specify and give special	instructions):				
FAS Requred for faculty to access FAS/MyBC and to	teach in D2L: Ch	eck if Faculty_	Staff	_Advisor	
Wink/Marfa These VMS systems provide access to the Registrar Approval:				_ Access Type:(<i>Menu</i>)	
Online BC Faculty/Staff Directory (IT will assign ext. r	number) If this s	ervice is checke	ed, please provi	de the following informa	ition:
Office or Room Number: Mailbox N	Number:	Exten	sion Number:		
Phone Modification Change existing extension disp	lay name.				
Emergency Notification (required): Cell Phone			Home Pho	ne	
Empower (Financial System) This program is used to Portal. Note: Users will need to attend a formal training requisitions and obtaining account information	g session by maki	ng arrangemen			myHR Self-service
Requisition Requestor For users who will be	entering requisi	tions, obtainii	ng account in	formation, etc. for thei	r department.
Requisition Approver For department heads	who will be app	proving requis	itions for thei	r department.	
Budget Preparation For users who will be do	ing the budget	oreparation fo	or their depart	ment.	
myHR Self-service Portal (required) Will give t	he employee ac	cess to view t	heir paychecl	cs, W-2s, and other HR	Payroll information
Imaging System Check the appropriate Imaging	group needed	and indicate i	f they will nee	ed to scan. (Scanning r	eeded: [])
Community Education (CE Director approval):					
Counseling & Testing (Counseling & Testing Di	irector approval):			
○ Financial Aid (FA Director approval):					
○ Human Resources (HR Dean approval):					
Student Records (Registrar approval):					
Security Systems Access granted to authorized					
Community Education Locks (Circle: CEAII Fi	reeport Instruct	or) (CE appro	val):		
Specific Camera Access Location :		(Director o	f Area Approv	/al)	
○ All Access Cameras (Chief of Police Approval):_					
Other (please explain)			(App	oroval) :	
Campus Nexus Engage Department:	(Ma	rketing Direct	or Approval):		
Supervisor	Date	Requestor	if other than	supervisor	Date
Printed Name		Printed Name			
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BC Announce Listserv	Emai	address for VN	AS account		

Fax: (979) 230-3111 or Mailbox: #150