

## Information Technology Services Network Account Request Form

All requests for use of IT resources will be governed by the Bergen Community College [Acceptable Use Policy](#).

Employee Name \_\_\_\_\_ Employee College ID# \_\_\_\_\_

Department \_\_\_\_\_ Employee Telephone # \_\_\_\_\_

Room # \_\_\_\_\_ WebAdvisor ID: \_\_\_\_\_

Select employee status: Permanent Faculty/Staff    Temporary Staff    Adjunct Faculty/Lecturer

What is the employee's Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If temporary staff, enter employment termination date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Does this employee require a BCC Email address? YES      NO  
(A Network account is required for an email address. Please select Yes below.)

Does this employee require a BCC Network account? YES      NO  
(For access to network resources such as network storage and computer access.)

Does this employee require Voicemail? YES      NO  
(If yes, please fill out a [Telephone Order or Change Request Form](#).)

Additional Requests or Comments: \_\_\_\_\_

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Supervisor Name (Please Print)	Supervisor Signature	Date
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