

NETWORK ACCOUNT REQUEST FOR NON-DISTRICT EMPLOYEES

USER INFORMATION

FULL LEGAL NAME (PLEASE PRINT) M.I. LAST **DISTRICT LOCATION INFORMATION** SCHOOL OR WORK SITE POSITION TITLE (Please be specific, College & Career Consultant, Teaching Intern, MS Administrative Intern, Parent Teacher Association Member, etc...) START DATE ____/____ REQUIRED - END DATE / / ASSIGNMENT INFORMATION YOUR COMPANY/ORGANIZATION: _____ YOUR COMPANY EMAIL: Does your organization have a current MOU or DSA with Highline Public Schools? $\Box Y \Box N / \Box MOU \Box DSA$ NON-DISTRICT SUPERVISOR: NON-DISTRICT SUPERVISOR CONTACT PHONE: ______ NON-DISTRICT SUPERVISOR SIGNATURE: DISTRICT SUPERVISOR OR POINT OF CONTACT: DISTRICT SUPERVISOR EMAIL: DISTRICT SUPERVISOR SIGNATURE: For OFFICE use only: (REV TAC 20150903) District computer District email Student Information Systems (illuminate, etc.) BusinessPlus finance ■ BusinessPlus HR Network storage/share Printer/Copier District phone number SharePoint pages _____ Department folder ____ Other____ Administrative Override* Account ☐ Consultant □Vendor ☐ Contractor ☐ Partner **Classification:** Intern (Non-Instructional) □Temp ☐ Substitute □Volunteer □Agent □PTSA ☐ Intern (Instructional) \square SRO □OT/PT □Nurse ☐ Psychologist □AgentCert