

## APPLICATION FOR REMOVAL OF ACCESS TO CENTRAL IT SERVICES AND PHONE SERVICES

(Deliver completed form to the IT Kiosk, Red 1 or scan and email to [itms-support@cdu.edu.au](mailto:itms-support@cdu.edu.au) or Fax 8946 6077)

\*\* Alice Springs staff send form to Alice Springs Helpdesk, Fax 8952 9856

\* DETAILS MUST BE SUPPLIED – PLEASE PRINT IN BLOCK LETTERS

\*Surname / Family Name:

\*First / Given Name:



\*Faculty/Department

\*Bldg/Level/Room N<sup>o</sup>

\*Extn N<sup>o</sup>

Mobile N<sup>o</sup>




☐ Staff Termination Date: \_\_\_\_\_ Employee ID: \_\_\_\_\_

☐ Email Address \_\_\_\_\_@cdu.edu.au

### CDU Provided Communication Services

☐ Extension Number \_\_\_\_\_

☐ Mobile Quick Dial Number \_\_\_\_\_

☐ Mobile Phone Number \_\_\_\_\_

CDU Provided Residential Phone ☐ Internet ☐ ADSL ☐ ISDN ☐

Phone \_\_\_\_\_ Acc# \_\_\_\_\_ Svc# \_\_\_\_\_

If your CDU email needs to be forwarded to another CDU mail account OR someone else needs access to your mailbox, the following authorisation must be completed.

Either of these options can only be provided for one of the following periods. ☐ One Month (Tick applicable period)

☐ Three Months

I \_\_\_\_\_ approve for my CDU email to be forwarded to the following CDU address \_\_\_\_\_@cdu.edu.au.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**OR**

I \_\_\_\_\_ approve for complete access to my CDU mailbox to be provided to the following staff member

\_\_\_\_\_.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**Managers Notes:** If this access is required and not approved by the client, future access can only be granted with the approval of the applicable Director or Dean. Please also ensure that any corporate data residing in the staff members 'home' drive has been moved to a more appropriate area.

USER SIGNATURE:.....

POSITION/TITLE: .....

DATE: .....

\*\*\*\*\*Please Print Clearly\*\*\*\*\*

AUTHORISED BY: .....

POSITION/TITLE:.....

SIGNATURE: .....DATE:.....