

Request for MUNIS Access

Request Information

Date: _____

Employee's Name: _____
Last *First*

Job Title: _____ Department: _____

Part Time Full Time Start Date: _____
 Replacement* New Position Disable MUNIS Access Date: _____

Name of Employee Replaced*: _____ Effective Date: _____

Supervisor: _____

If you are requesting MUNIS access, please explain what data the person needs access to and why:

Supervisor Signature *Date*

Approval to Update

Payroll Manager Signature *Date*

Deputy Town Administrator/ Finance Director Signature *Date*

cc: IT
Department Head