



### TECHNOLOGY & INTERNET ACCESS REQUEST AND VERIFICATION

Complete the form with the Department Head signed approval and submit to Human Resources. Original in employee's personnel file.

Employee's Name: \_\_\_\_\_  
Employee's best contact number for emergency: \_\_\_\_\_  
Date: \_\_\_\_\_  
Department: \_\_\_\_\_  
Office Location: \_\_\_\_\_  
Town Phone Extension: \_\_\_\_\_

**Any employee utilizing a computer and/or the internet on Town property is to review and sign the "Telecommunication Access and Use Policy". The original signed policy is to be placed in the employee's personnel file.**

**Employee Start Date:** \_\_\_\_\_

**Issue Date    Return Date**

**Issue Date    Return Date**

**Network Access:** \_\_\_\_\_  
 **Google Drive:** \_\_\_\_\_  
 **Network Drive:** \_\_\_\_\_  
 **Email:** \_\_\_\_\_  
 **Email Distribution Group:** \_\_\_\_\_  
 **Group Name(s):** \_\_\_\_\_  
  
 **Desktop:** \_\_\_\_\_  
 **Laptop:** \_\_\_\_\_  
 **Remote Access:** \_\_\_\_\_  
 **ID Card** \_\_\_\_\_

**Key Card Access:** \_\_\_\_\_  
**Location:** \_\_\_\_\_  
**Time:** \_\_\_\_\_  
**Brass Keys:** \_\_\_\_\_  
  
 **Town Cell Phone:** \_\_\_\_\_  
 **Parking Pass:** \_\_\_\_\_  
 **Munis:** \_\_\_\_\_  
  
 **Other:** \_\_\_\_\_  
 **Other:** \_\_\_\_\_  
 **Other:** \_\_\_\_\_  
 **Other:** \_\_\_\_\_

\_\_\_\_\_  
Department Head Signature                      Date

\_\_\_\_\_  
Deputy or Town Administrator Signature    Date

**Employee Termination Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Forward emails to: \_\_\_\_\_

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date