

**Type of Security Update Requested:**

Add New User

Update User

Remove Current User

**Designated Employee and Personnel Information**

<input type="checkbox"/> <b>Primary FAM-Personnel Information</b>	<input type="checkbox"/> <b>Secondary FAM- Personnel Information</b>
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<input type="checkbox"/> <b>Third FAM-Personnel Information</b>	<input type="checkbox"/> <b>Fourth FAM- Personnel Information</b>
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<b>Name:</b>	<b>Name:</b>
<b>Faculty/Staff NinerNet:</b>	<b>Faculty/Staff NinerNet:</b>
<b>Email Address:</b>	<b>Email Address:</b>

<b>Building:</b>	<b>Room:</b>	<b>Building:</b>	<b>Room:</b>
<b>Phone Number:</b>	<b>Fax Number:</b>	<b>Phone Number:</b>	<b>Fax Number:</b>

<b>Organization Code</b>	<b>Sub-Department Name</b>	<b>Organization Code</b>	<b>Sub-Department Name</b>

**Director/Chair/Dean Signature**

Signature:

Printed Name:

Title:

Date:

Phone Number: