

**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> |
|---|--|

|   |   |
|---|---|
| <input type="checkbox"/> <b>Third FAM-Personnel Information</b> | <input type="checkbox"/> <b>Fourth FAM- Personnel Information</b> |
|---|---|

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| <b>Name:</b>                          | <b>Name:</b>                          |
| <b>Faculty/Staff Novell Username:</b> | <b>Faculty/Staff Novell Username:</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: