

Datatel & Datatel Reports Request

Employee Name: _____

Date: _____

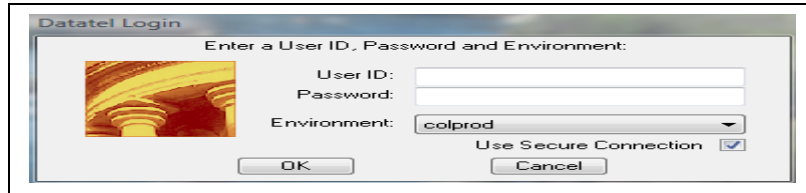
Datatel ID/W#: _____

Title: _____

Work Location: _____

Campus Phone #: _____

Manager's Name: _____



Datatel Request

Add: _____ Delete: _____ Modify: _____

Datatel Login Needed: Yes _____ No _____

Indicate Application Needed: ST _____ CF _____ HR _____

Date Training Completed: _____

Security Class: _____

(OR Provide name of employee in your department with same security class)



Datatel Reports Request

Add: _____ Delete: _____ Modify: _____

Provide the report(s) name(s) and number(s).

Manager's Signature:

Date: _____

If your request contains a visible social security number, please attach an explanation as to why this access is necessary. This will be routed to the team lead for approval.

You may fax to Lori Williams at ext. 6306 (no cover sheet is necessary), or send through campus mail. Columbia College please return completed form to Doris Goldson.

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CF Team Lead Signature:

HR Team Lead Signature:

AR Team Lead Signature:

FA Team Lead Signature:

IT Team Lead Signature: