

CALIFORNIA STATE UNIVERSITY, LONG BEACH FOUNDATION
CAMPUS SYSTEM ACCESS FORM
NON-ACTIVE OR TEMPORARY EMPLOYEES

This form is required for all non-active or temporary Foundation employees needing access to the campus network and /or email system.

EMPLOYEE NAME: _____ CSULB ID #: _____

EMPLOYEE EMAIL ADDRESS: _____

PROJECT NAME: _____ PROJECT DIRECTOR: _____

DEPARTMENT NAME: _____ COLLEGE/DIVISION : _____

DEPARTMENT PHONE #: _____ P.I. EMAIL ADDRESS: _____

LENGTH OF TIME ACCESS IS NEEDED: START DATE: _____ END DATE:*

*Access will terminate according to the end date listed. If access is needed past the end date, then a new form will need to be submitted.

REASON FOR ACCESS: _____

EMAIL REQUIRED?: YES NO *If yes, then a **\$2 per month fee** will be charged to the project.*

CHECK THE TYPE OF EMPLOYEE REQUIRING ACCESS:

- Former Employee - Inactive employee of the Foundation
- Independent Contractor (IC)** - Employee provides services specified in a contract or agreement
- Non-affiliated Individual (NAI)** - Employee that has not had an employment or contractor relationship with the Foundation
- Temporary Employee - Employee hired to work for a period of 6 months or less
- Other: _____

** Date of birth is required for IC or NAI employees: _____

AUTHORIZED SIGNATURE

DATE

PRINT NAME

******INSTRUCTIONS******
CAMPUS SYSTEM ACCESS FORM
CALIFORNIA STATE UNIVERSITY, LONG BEACH FOUNDATION

The system access form must be used for non-active or temporary Foundation employees that need access to the campus network and / or email. This process is required to ensure that all obligations of the Foundation, the project, and the employee have proper authorization and length of access. Please provide the Foundation Information Systems and Technology Office with a completed System Access form.

EMPLOYEE NAME - Print the employee's name.

CSULB ID# - Print the employee's CSULB ID number.

EMPLOYEE EMAIL ADDRESS - Print the employee's email address.

PROJECT NAME - Title of Project (Center for Continuing Engineering Education).

PROJECT DIRECTOR - Print Project Director Name.

DEPARTMENT NAME - University Department (i.e. Department of Electrical Engineering).

COLLEGE/DIVISION - University College or Division (i.e. College of Engineering or University Relations and Development).

DEPARTMENT PHONE # - Employee's department extension or site telephone number.

P.I. EMAIL ADDRESS - Project Director's Email Address.

LENGTH OF TIME THE ACCESS IS NEEDED - Indicate the how long the employee will need access.

DATE OF TERMINATION - Last day the employed by the project.

REASON FOR ACCESS - Reason the employee needs access.

EMAIL REQUIRED - Does the employee also need a csulb.edu email address?

CHECK LIST FOR THE TYPE OF EMPLOYEE REQUIRING ACCESS - Check the proper type of employee that will be authorized to use the campus system.

DATE OF BIRTH FOR IC AND NON-AFFILIATED EMPLOYEES - If the type of employee is an IC or Non-affiliated Individual, then please fill in the employee's date of birth.

AUTHORIZED SIGNATURE - Signature of individual who completed this document (not the separating employee).

PRINT NAME - Full name of individual who completed this document (not the separating employee).

DATE - Date document was completed.