

USER AUTHORIZATION REQUEST ONLINE I-9 SERVICES

This form is required to add, delete and update employee access to the Online I-9 Services System.

Employee Name (first, middle initial, last)	WSU ID Number	Employee Phone Number
Network ID	Department Name and Number	
Employee E-Mail Address	Department Contact	Department Contact Phone Number
<p>I have completed I-9 Services Training</p> <p>NO YES Date Completed</p> <p><input type="checkbox"/> <input type="checkbox"/> _____</p>		

Appropriate Use Statement

I understand that I am responsible for respecting the confidentiality of information accessed via computer information systems. I understand that this information is to be used for official university purposes only. Misuse of systems information can result in termination of employment or other disciplinary actions. The security of information is provided for by federal and state laws and University regulations (see BPPM 90.05, 90.06, and 90.07, and Executive Policy Manual EP8).

I understand that I am responsible for safeguarding my assigned password. I will not share my password with others. I will store passwords in secure locations. I will contact Information Technology if I suspect that my password has been compromised.

I understand that unauthorized access to and/or unauthorized use of the University's computer systems or electronic databases may constitute criminal acts under RCW 9A.48.070-.100 and RCW 9A.52.110-.130.

I have read and understand the above statement.

Signature: _____ Date: _____
Employee signature is **NOT** required to terminate access.

Authorization is valid while employee is within the organization specified or until revoked by appropriate department personnel.

Chair/Director	Signature	Date
Email Address	Telephone	

Route completed form to Human Resource Services, Mail Code 1014.
Questions can be directed to Human Resource Services, 509-335-4521 or hrs@wsu.edu

Human Resource Services Use	
Processed By	Date