



SUPPORT TICKET # _____

THIS SECTION IS TO BE COMPLETED BY THE ACCOUNT OWNER

PLEASE PRINT YOUR FIRST, MIDDLE INITIAL AND LAST NAME: *Any lines left blank may cause a **DELAY** in the creation of the account.*

Employee ID # _____

DATE OF BIRTH: _____
MM/DD/YYYY

THE LAST FOUR DIGITS OF YOUR SSN: _____

ARE YOU A CURRENT OR FUTURE MOTLOW STUDENT? Please enter YES or NO _____

WHAT DEPARTMENT WILL YOU BE WORKING FOR: _____

WHAT WILL BE YOUR CAMPUS/SITE LOCATION: _____

ARE YOU: FACULTY, ADJUNCT FACULTY, ADMINISTRATIVE or STAFF _____

ARE YOU: FULL TIME, PART TIME or TEMPORARY _____

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SIGNATURE: _____ DATE: _____

THIS SECTION TO BE COMPLETED BY MOTLOW HUMAN RESOURCES

IS THIS NEW HIRE A CURRENT OR FUTURE STUDENT? Please enter YES or NO _____

ACCOUNT OWNERS SUPERVISOR NAME: _____ & DEPARTMENT: _____

IS NEW HIRE: FULL TIME, PART TIME or TEMPORARY _____

IS NEW HIRE: FACULTY, ADJUNCT FACULTY, ADMINISTRATIVE or STAFF _____

JOB DESCRIPTION: _____ OFFICE LOCATION: _____ PHONE EXT. _____

HR PERSONNEL WHO VERIFIED ABOVE INFORMATION ON ACCOUNT HOLDER: _____

THIS SECTION IS TO BE COMPLETED BY MOTLOW TECHNICAL OPERATIONS

USERNAME: _____

CAMPUS DISTRIBUTION LIST: Enter YES or NO _____

SECURITY GROUP: Staff Faculty AdjFaculty Library NursingInstructors OTHER _____

DISTRIBUTION LIST(S) AND/OR SECURITY GROUP(S): AZURE, OFFICE 365 FAC/STAFF, WIRELESS USERS, CAMPUS, STAFF SECURITY GROUP, ETC.

AUTHORIZED BY: _____ DATE CREATED & EMAILED TO ACCOUNT HOLDER'S MOTLOW EMAIL ADDRESS: _____
Technical Operations Personnel ONLY