



**COLLEAGUE ACCESS AND SECURITY CLASS  
SETUP REQUEST - HUMAN RESOURCES**

**REQUESTOR Information (please print)**

REQUESTOR:	ID#:	DATE:
SUPERVISOR:	CENTRE:	DATE:

**Describe type of access requested:** if filling in for/behind the person currently/previously in the role – please provide persons name


*I understand that I will have access to confidential and personal information within the College's integrated information system and that the misuse, misrepresentation or unlawful distribution of copy of data contained within the system is considered be in violation of the Alberta Freedom of Information and Protection of Privacy (FOIP) Act and a punishable offense. Further, I understand that I must access or view only the information that is required and necessary to carry out my job duties.*

REQUESTOR:	DATE:
SUPERVISOR:	DATE:

***Requestor must FORWARD to Director of Human Resources***

**FOR HUMAN RESOURCES USE ONLY**

**List required screen and program access:**


Mandatory Training Scheduled for:	
Human Resources Approval:	Date:

***Human Resources must FORWARD to ITS - Director of Operations for processing***

**FOR INFORMATION TECHNOLOGY SERVICES USE ONLY**

Date Received:	Director IT Operations:
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***Complete original form filed with Director of IT operations***

Track-It! #:	Date Completed:
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