

## Information Technology User Maintenance Form Required Information from Department/Division

Department / Division Name _		Action	Requested: (check one, include effective date)
Employee Name (Print Full Na			Hire ( ) Temp Personnel ( ) Change/Transfer ( ) s Termination ( ) Suspend Acct ( )
Munis ID#:(Assigned by Person	nnel)	Eff. D	ate: Eff. End Date:
Does the person go by a nickna If so please indicate preferred	ame or alias?		
Position Title	Suj	pervisor's Name: _	
Location/Address where emplo	oyee will be:		
Work Phone: Wor	k Cell:		
Is there an existing user who	already has the required acc	cess for this positi	on that can be used as a model?
If so, please include the user	name here:		
Please indicate any special rec			
Request	Public Safety	Finance	Public Works
Yes No	Add Delete	Add Delete	Add Delete
	☐ ☐ Tiburon Command CD☐ ☐ Tiburon RMS	MUNIS	☐ ☐ Infor☐ ☐ ☐ Hach WIMS
	☐ ☐ Tiburon Mobile Comm	<del>                                     </del>	
Reporting - SSRS	Fire EMS		
X	☐ ☐ VETROL (code)	th h	
	TRACs	th h	
	☐ ☐ TeleStaff	th h	
HH			
<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	
		<del>                                     </del>	
HHH	<del>                                     </del>		
Engineering	Water Production	Sewer Treatment	Leisure Service
Add Delete	Add Delete	Add Delete	Add Delete
		ППП	RecTrac
<del>                                     </del>			
<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	<del>-                                      </del>
<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	<del>-                                      </del>
Division Mgr./:			
Supervisor (Printed Name)		(Signature)	(Date)

Date Printed: January 29, 2018