**Instructions:**

1. Please indicate which access is being requested for.
2. A Manager or Supervisor must complete this form to request access for their employee.
3. Once the necessary approval is obtained, the requestor may submit a request.

**Employee  Contractor**

|  |  |
| --- | --- |
| **Part 1: INFORMATION** |  |
| New Request  Change Request | Click here to enter a date. |
|  | Date |
| Click here to enter text. |  |
| Employee Name (Last, first, middle initial) |  |
| Click here to enter text. |
| Employee Title |
| Click here to enter text. | Click here to enter text. |
| Primary phone number | Email address |

**Project Name**: Click here to enter text.

**Approximate Billing**: Click here to enter text.

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| Click here to enter a date. |
| End Date of access. |

**Part 2: AWS ACCESS Request**

*Please indicate for which applications and AWS accounts you are requesting access. If role-based access exists, please identify the role requested.*

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| **Type of Access** |  |
|  |  |
|  |  |
|  |  |
| Administrator Access  Services Access  Click here to enter text. |  |
|  |  |
| **AWS Account Name** |  |
|  |  |
|  |  |
|  |  |

1. Is the identified access and level of access required for this employee/Contractor to carry out his or her job duties, functions, and responsibilities?  Yes  No
2. Have you made reasonable efforts to limit access to what is needed?  Yes  No
3. Reason for access request or change: Click here to enter text.
4. Comments (if any): Click here to enter text.

**Part 3: APPROVAL**

User’s Supervisor: By signing this form, I approve the access request change and certify that this user requires access to be added or changed (as indicated in this form) to perform his/her job duties.

Electronic Signature: \* Date: Click here to enter text.

First and Last Name

 \*I understand that checking this box constitutes a legal signature.

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