Anyqueue Request

This form is a request for access to Anyqueue reports. **Complete information and signatures are required.**

Submit **original** request form to the Office of Operations & Systems Integration, Attn: Anyqueue

DATE: _____

CHECK ONE: ☐ Full-Time Employee

☐ Part-Time Employee

Please print in black or blue ink.

First Name		**MI**		**Last Name**	

Required **User ID** (i.e., jdoe1@saisd.net)		**Job Title**	

School/Department Name	

School/Department Org. Code/No.		**School/Department Telephone**	

NOTE: It is the responsibility of school administration to inform our office of any changes in access.

ACCESS REQUIRED: ☐ Finance   ☐ Health   ☐ Human Resources   ☐ PEIMS   ☐ Testing

REVOKE my access at previous campus/department**:** _____

By signing this form, you agree to abide by the COMPUTER & TELECOMMUNICATION USE AND INTERNET ACCESS FOR EMPLOYEES guidelines (http://www.saisd.net/admin/newtech/ats/helpdesk/procedures.shtm) set forth by the SAISD.

Signature: _____   Date: _____

Principal/Department Head Signature: _____   Date: _____

If you have any questions, please contact the Help Desk at 244-2929.

....

For Technology Use Only:

☐ APPROVED   ☐ DISAPPROVED   _____

Date Received:	Date Created:	Created By: