



New Employee

EMPLOYEE INFORMATION – TO BE FILLED OUT BY DEPARTMENT HEAD

Name:

Date:

Location:

Employee's Phone:

Department:

Manager's Name:

Manager's Phone:

External Email to send Account information to:

TRANSACTION TYPE – TO BE FILLED OUT BY DEPARTMENT HEAD

Contract Term From To (dd/mm/yy)

New Position

Replacement Employee Name Replacing :

If replacing Access Given to H folder of Employee Replacing:

Will there be an overlap of dates with the Employees:

EMPLOYEE PERMISSIONS – TO BE FILLED OUT BY DEPARTMENT HEAD

Network Email Crystal Reports Maximizer
eZone Research Applicant Viewer Iris Grades

Other Please Specify:

FOR IT CENTRE USE ONLY

NT account deleted (dd/mm/yy):	_____	Date:	_____	Time:	_____
Mailbox archived by:	_____	Date:	_____	Time:	_____
Mailbox deleted by:	_____	Date:	_____	Time:	_____
NT account disabled:	_____	Date:	_____	Time:	_____
Personal files moved to H: by:	_____	Date:	_____	Time:	_____
CD made of H: by:	_____	Date:	_____	Time:	_____
EZone account disabled by:	_____	Date:	_____	Time:	_____
Email alias moved to other user by:	_____	Date:	_____	Time:	_____

***Please forward form to IveyAccounts@ivey.ca ***
*****REQUIRE 2 WEEKS NOTICE*****