



Paramount Unified School District
Research, Assessment and Student Information

Request for Network, E-mail, Synergy Access

First Name:	Last Name:	Job Title:
Worksite/Department:	Room#:	Worksite Phone:
Date of Request:	Job Classification:	<input type="checkbox"/> Administrative <input type="checkbox"/> Certificated <input type="checkbox"/> Classified

Purpose of Request:

New Employee Returning Employee Moving Worksite: From _____ To _____

Access Needed:

Network and E-mail Synergy Synergy Special Ed Digital Library (Teachers Only)

Job Function:

- | | |
|--|---|
| <input type="checkbox"/> Administrative Assistant | <input type="checkbox"/> Principal |
| <input type="checkbox"/> Assistant Principal | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Student Health Office Technician |
| <input type="checkbox"/> Data Technician | <input type="checkbox"/> Technology Instructional Assistant |
| <input type="checkbox"/> Language Assessment Assistant | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Other: _____ | |

I have read the District's Policies (BP 4040) and Administrative Regulations (AR 4040) related to *Employee Use of Technology* and agree to abide by both the policy and regulations.

Signature: _____

Date: _____

Administrator Signature

Administrator Print Name

Date:

District Use Only

Approved:
Manager, Student Information Systems

Date:

Heat Ticket #:

Date of Submission:

All fields are mandatory, if not fully completed and approved by your supervisor, it will be returned and not processed. Please forward request to Research, Assessment and Student Information Office. Ext. 6036. E-mail all request to: CFlores@paramount.k12.ca.us and JArellano@paramount.k12.ca.us