

Request To Transfer UC Davis Departmental Computing Account

Please TYPE information on your screen, then print to obtain signatures.

When complete fax to IT Express at **(530) 754-8470**.

Date: MM-DD-YYYY

Requestor's Name:

Department:

Phone: (XXX) XXX-XXXX

Employee ID#:

Dept Mail ID: @ucdavis.edu

Dept Login ID:

Current Acct Owner: (if known)

Administrator Information

Please be aware of the following:

Only career staff/faculty members of the specific UC Davis department can administer departmental accounts. Students, student employees, casual and temporary employees cannot oversee these accounts.

Although the department "owns" the account, the requestor will be the "administrator" of the account, and will be responsible for its use and maintenance. He/she will also be the contact person for any issues that might arise from its use. As with all UC Davis accounts, these include responsibility for any abuse of that account arising from infractions of relevant policies, e.g., the Communications and Technology Policy:

<http://manuals.ucdavis.edu/PPM/contents.htm#310>

One of the administrator's responsibilities is to notify the IET Accounts Administrator at accounts@ucdavis.edu when they terminate their association with the department so that a new administrator may be given custody of the account. This login must stay with the department it was created for.

The administrator is also responsible for changing and re-issuing the password when an individual using the account leaves the group among which it is shared.

This account should be used strictly for University business and only by the UCD department for which it is issued.

I agree to fulfill the administrator duties stated above, to take responsibility for the activity on this account for the purpose stated above, and to ensure its security.

I am currently a career staff employee or faculty member of UC Davis.

Requestor's signature: _____ Date: _____

Print Full Name of Requestor: _____ Phone: _____

Departmental Approval:

Dept. chair/ MSO signature: _____ Date: _____

Name of Dept. Chair/MSO: _____ Phone: _____

Completed Petition:

Please print out the completed petition and return it by fax to IT Express at (530) 754-8470.

You will then be contacted with instructions for setting the passphrase on the account.

The completed petition will be kept on file by IT Express.

****Incomplete forms will not be processed.****