



User Request Form

Transportation Information Technology

* Please allow several days for processing

* Please complete ALL sections of this form to prevent delays in processing

User Details				
<input type="checkbox"/> New User <input type="checkbox"/> Updated Existing User <input type="checkbox"/> Delete <input type="checkbox"/> Temporary - End Date: _____				
Date of Request	Department	Position	Email	
Last Name		First Name	MI	Employee's ID
Applications				
RTA	Compass Access Group		TEMS	
<input type="checkbox"/> Manager <input type="checkbox"/> Lead-man <input type="checkbox"/> Backup Lead-man <input type="checkbox"/> Mechanics <input type="checkbox"/> Parts <input type="checkbox"/> OS II	<input type="checkbox"/> R&S Tiering Coordinator <input type="checkbox"/> R&S Route <input type="checkbox"/> Auditor <input type="checkbox"/> R&S Hazard Monitor <input type="checkbox"/> R&S Supervisor <input type="checkbox"/> R&S Assistant <input type="checkbox"/> R&S Change Processor <input type="checkbox"/> GIS <input type="checkbox"/> Fleet Management	<input type="checkbox"/> Field Supervisors <input type="checkbox"/> Payroll <input type="checkbox"/> Trip Scheduler <input type="checkbox"/> OS2/Dispatcher <input type="checkbox"/> T.O.M. <input type="checkbox"/> T.O.A. <input type="checkbox"/> SSSD Portal <input type="checkbox"/> View Only	<input type="checkbox"/> Access <input type="checkbox"/> Administration <input type="checkbox"/> Bus Aide SPTA <input type="checkbox"/> Create Seniority <input type="checkbox"/> Driver Assignment <input type="checkbox"/> FMLA Entry	<input type="checkbox"/> Full Personnel <input type="checkbox"/> Payroll Data <input type="checkbox"/> Shop Access <input type="checkbox"/> Shop Access Personnel <input type="checkbox"/> Shop Pers Admin <input type="checkbox"/> other
<input type="checkbox"/> Interact/email/calendar/conferences/Workflow <input type="checkbox"/> Zonar <input type="checkbox"/> ECOS / Employee Call Out System		<input type="checkbox"/> Infinite Campus*CentralOffice-BasedUserRightsRequestForm <input type="checkbox"/> MainFrame *DP403 Contact Chris Gordon <input type="checkbox"/> Other: _____		
Security Door Access				
089 Russell Yard	390 NW Yard	091 Arville Yard	389 Wallace Yard	095 Eastern Yard
<input type="checkbox"/> Admin Office <input type="checkbox"/> Upper Office	<input type="checkbox"/> Admin Office <input type="checkbox"/> R & S <input type="checkbox"/> Head End	<input type="checkbox"/> Admin Office	<input type="checkbox"/> Admin Office <input type="checkbox"/> All Access <input type="checkbox"/> Head End <input type="checkbox"/> Payroll <input type="checkbox"/> Storage Room	<input type="checkbox"/> Admin Office <input type="checkbox"/> Drivers Door
Employee's Signature			Date	
Supervisor Name		Supervisor Signature		Date
I.T. USE ONLY				
User Logon Name	Completed By	Signature	Date	