

EXHIBIT

2009

Personnel & Negotiations

NETWORK USER APPLICATION

Catskill Central School District		Technology Access User Application	
Please check one of the following: <input type="checkbox"/> New Application <input type="checkbox"/> Current User (Change in Access) <input type="checkbox"/> Name Change Request			
Personal Data (to be filled in by applicant)			
Name: _____		Address: _____	
If Name Change, state New Name: _____		_____	
Building & Room #: _____		Phone number: _____	
Title: _____		Work: _____	
Department: _____		Home: _____	
		Cell: _____	
		E-mail Address(if applicable) _____	
Building where access is needed: Circle all that apply:		Account valid:	
CHS CMS CES Business Superint. Other		<input type="checkbox"/> Indefinitely	
		<input type="checkbox"/> Until Class Ends	
		<input type="checkbox"/> Until: _____	
I am applying for:			
<input type="checkbox"/> Basic User Account/Email Account		<input type="checkbox"/> IEP Direct	
<input type="checkbox"/> Student Information System Account(SchoolTool)		<input type="checkbox"/> Alert Now	
<input type="checkbox"/> RTIm Direct		<input type="checkbox"/> Other _____	
I have read and I hereby agree to abide by all District Technology Policies in the Catskill Central School District			
Signature of Applicant: _____			
After this portion of the form is completed please submit this application to your Building Principal or Dept. Supervisor for Approval			
To be filled out by Building Principal or Dept. Supervisor			
Please Indicate what Type of access, sections, and security level needed:			
A. <input type="checkbox"/> Administration _____			
B. <input type="checkbox"/> Teacher _____			
C. <input type="checkbox"/> Support Staff _____			
D. <input type="checkbox"/> Long Term Substitute _____			
E. <input type="checkbox"/> Guest _____			
F. <input type="checkbox"/> Other _____			
Indicate your affiliation: _____			
Building Principal or Dept Supervisor Signature: _____ Date: _____			
After Signature please submit form to the Director of Technology.			
Director of Technology Signature: _____ Date: _____			
To be filled out by the Network Administrator or designee			
User Name: _____		Accounts Created	Account valid
Home Directory(M: Drive) _____		<input type="checkbox"/> Novell/Active Directory	<input type="checkbox"/> Indefinitely
		<input type="checkbox"/> Groupwise	<input type="checkbox"/> Until _____
		<input type="checkbox"/> Help Desk	
Email Address (Administration, Teachers & Staff): _____ @catskillcsd.org			
<input type="checkbox"/> The user account has been granted with the following Password: _____			
Please change your password within five (5) days from the date your account was created.			
Network Administrator Signature: _____			
Date assigned: _____			