School of Population Health – IT Unit

New Staff Member

This form is to be filled out by the user requesting an account on the University Windows 2000 network. The User's Supervisor is to verify the details, and pass the form to the SPH IT Manager.

PLEASE WRITE IN BLOCK LETTERS

User Details

Given Name(s): _____ Surname: _____

Position Title: _____

Supervisor: _____ Section/Centre: _____

Room No: _____ Location: _____

Telephone: _____ Email: _____

Commencement Date: _____ Termination Date: _____

Employment Type ☐ Staff ☐ Permanent ☐ Casual

☐ Student

Declaration and Signature

I, the undersigned member of staff/ postgraduate student of the University of Melbourne request the above account and I acknowledge and agree that:

- **I will abide by the University regulations 8.IR7 and 8.IR8 on the use of computing and facilities**
- I will only use computing and communication facilities for work directly related to my duties / studies at the University.
- I will not divulge my password(s) to any other persons.
- I will not allow any other person to use my account(s).
- I will not use my account(s) or the university's computer facilities for a purpose which constitutes an infringement of copyright, for any other unlawful purpose, or for any purpose that is in breach of University Statutes
- Except as provided by law, the university makes no warranty in relation to the provision of my accounts(s) and will not be held liable for any loss or damage of any kind arising from supply and use of my account(s) or any negligent act of the university or its representatives

Signature: _____ Date: _____

Signature (Supervisor): _____ Date: _____

Office use only

Date received:	Date completed:
Received by:	Completed by:
Username:	

Document location: S:\sph_orientation\new_staff_form.doc
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