

Request for Mapcon Rights for Temporary Assignment

Employee Requesting _____

Employee Number _____

Tasks Description:

Start Date _____

End Date _____

Required Signatures _____

Employee _____ Date _____

Employee's Supervisor _____ Date _____

Supervisor of tasks _____ Date _____

MIS Supervisor _____ Date _____

For Internal Use Only:

Original Security Codes: _____	Additional Security Codes: _____
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Instructions

1. Employee Requesting and Employee Number are for the employee receiving temporary access! **Access will not be granted for more than a 3 month period!** If the access is still required after that time, a new request must be submitted!
2. Start and End dates are required!
3. Describe, in detail the tasks required in the Tasks Description.
4. All signatures except MIS Supervisor are required when this form is submitted.
5. When complete bring the form to the MIS portable, or FAX it to 225-4875.