

## **RECRUIT CRM ACCESS REQUEST**

Contact Info			
Last Name	First Name	MI	ULM Campus-Wide ID
(2.2)	,		
(318) 342 - ULM phone (xxx) xxx-xxxx	() Mobile phone (x		ULM Email Address
,		,	
Department Campus Building/Room/Suite			
L			
Access Role			
I am a ULM employee and my primary job is:			
Application Processor    Recruiter    IT Specialist    Administrator    Other			
I am a ULM student worker and my primary job is:			
Graduate Assistant	☐ Ace's Place ☐	Hawkseeker $lacksquare$	Int'nl Office Other
☐ Signatures and Approvals			
By signing this form, you acknowledge you have read and will adhere to ULM's Technology Usage Policy and			
• • • • •			.edu/policies/unit-policies/IT. Immediate
supervisors must notify the Recruit CRM Administrator when this person's access is discontinued.			
Employee or Student Signature	:		 Date
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Immediate Supervisor Signatur	e		 Date
Dept. Head/Dean/VP Signature	!		Date
Please submit this form with all applicable signatures to Ace's Place, Sandel Hall 258. Once access is approved, you will			
be notified and a short F			
Se notinea and a short r	Corait Citivi training 5053	Jon will be schedu	ica with your
RECRUIT CRM ADMIN	USE ONLY: Ann	proved $\Box$ Denie	ed Security Role
Activated Date:			tivated Date: