



TECHNOLOGY, ASSESSMENT AND ACCOUNTABILITY
CONSULTANT - NETWORK ACCESS MAINTENANCE FORM

Date: _____

CA Drivers License #: _____
Must include photo copy with this form

Printed Name: _____
(First, MI, Last)

Work Location: _____

Employee ID No.: _____

Job Title: _____

Choose only one: **AERIES.NET**

View Update

- Enrollment
- Attendance
- Scheduling
- Discipline

View Update

- Medical
- Special Ed
- Food Service

TEACHER PORTAL

(If access to Teacher Portal is being requested, then the options to the left do not apply)

Other: _____

Other Systems:

Aeries Analytics

PComm

EADMS

School Messenger

Labels, Lists, Letters (LLL)

People Soft

School Account Code System (SACS)

Bud60

Labor Distribution

IndigoVision Cameras

Network Folders Required: _____

Other: _____

AUTHORIZATION SECTION

The Authorized Signer below confirms that a signed and dated copy of PUSD's Acceptable Use Agreement is on file for this employee.

Department Head/Principal:

Signature Printed Name

TAA will notify the above authorized signer via eMail and provide approved login credentials. The authorized signer will then relay login credential information to the employee.

FOR TAA USE ONLY:

1. _____ Access Denied: _____
2. _____ Network/eMail SignOn created.
3. _____ Aeries SignOn created.
4. _____ (Security) User List updated.
5. _____ File Shares created.
6. _____ Authorized Signer notified.
7. _____ Completed by and Date: _____