

California State University, Sacramento

University Computing and Communications Services -- 6065

Request to Create or Change SacLink Administrator Account

Name of SacLink Account Administrator (must be CSUS faculty or staff)		Extension
<input type="text"/>		<input type="text"/>
Employee's CMS EmplID	E-mail Address	
<input type="text"/>	<input type="text"/>	
Job Title	Department	Campus Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
New	Delete	Replacement for (enter name of administrator being replaced if any)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

I understand that the faculty/staff named above:

- may manage faculty and/or staff accounts only within their assigned program center or department;
- may not manage any student accounts;
- will have access to confidential, personal information;
- will have the ability to change SacLink account passwords;
- will have access to other campus systems using SacLink for authentication (CMS, CasperWeb, WebCT, etc.) but may only access them when necessary to fulfill the direct functions of their position and only in the presence of the account owner;
- must agree to and sign a statement of understanding;
- may not transfer to or share their account privileges with any other person by sharing their password or using any other method; and,
- may have their SacLink Administrator Account suspended or revoked at any time when deemed necessary by the Dean/Program Center Director or the Associate Vice President for Academic Affairs/Telecommunications.

My signature below certifies that this account is necessary for the efficient administration of SacLink accounts for the faculty and/or staff in my program center. The provisions that govern this activity are:

- The number of administrators will be kept to the minimum necessary to achieve this efficiency.
- All faculty and staff in my program center will be promptly notified of this appointment and of any future change or deletion of this account.
- All faculty and staff in my program center will be informed of their right to request that this individual be blocked from administering their SacLink account.

Name of Dean or Program Center Head	College / Program Center
<input type="text"/>	<input type="text"/>
Signature of Dean or Program Center Head	Date Signed
<input type="text"/>	<input type="text"/>

Forward original document to the **CCMS Help Desk** located in **ARC 2005** or send via campus mail to **UCCS Account Manager, campus zip 6065**. If you have questions, please call 83622 or 85979.