

MCS D SYSTEM ACCOUNT & PASSWORD REQUEST

Please fill out the following form so we can issue you a SYSTEM ID & Password for a computer log-in, E-mail, or other software applications.

Circle One:

EMPLOYEE Day-SUB LT-Leave TOR SCB St-Tchr Contractor/Consultant/Other

Print clearly your legal name (as it appears on a paycheck): _____

Department _____ Building: _____

Your position (ie. Aide, classroom teacher, special ed, guidance, etc): _____

If classroom teacher, what grade: _____ Special Ed __Yes __No ENL __Yes __No

Are you a long-term leave replacement? __Yes __No

Name of Staff on leave: _____ Leave Dates: _____

If non-MCS D employee:

Exactly what type of access is needed & why (ie: wireless, our computers, and/or email): _____

Expected end date of assignment: _____ Person you will be working with: _____

Sign your name: _____ **Date of request:** _____

Administrators name: _____ **Administrators signature:** _____

Personnel Staff Use Only

NYS Teacher ID _____ Local Employee ID _____ AUP on file Date: _____ Initials: _____

Systems

Schooltool Sec group: _____

StaffTrac _____

DataMate _____

AIMS _____

NWEA _____

ParentSquare Admin Access _____

Frontline/My Learning Plan _____

Frontline/IEP Direct (PPS decision) _____

LEXIA _____

WinCap _____

EDOC _____

Boarddoc _____

SchoolDude – Room Res _____

NutriKids _____

Tripod _____

Security Cameras Video drives

Badgepass _____

Transportation Zonar FuelMaster

WIRELESS only _____

AD only _____

AD & Email only _____

Technology Staff Use	Date Enabled	Date Disabled
<input type="checkbox"/> AD Login/email	_____	_____
<input type="checkbox"/> Wireless	_____	_____
<input type="checkbox"/> Archive enabled	_____	_____
<input type="checkbox"/> CLASSLINK group	_____	_____
<input type="checkbox"/> Email Groups	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> Schoology	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> iPad	_____	_____
<input type="checkbox"/> Apple ID	_____	_____
<input type="checkbox"/> Help Desk	_____	_____
<input type="checkbox"/> Equipment	_____	_____
<input type="checkbox"/> Intranet	_____	_____
<input type="checkbox"/> Castle Learning	_____	_____
<input type="checkbox"/> Edmentum	_____	_____
<input type="checkbox"/> Learning A-Z	_____	_____
<input type="checkbox"/> Learning.com	_____	_____
<input type="checkbox"/> Novaerus	_____	_____
<input type="checkbox"/> New Person Letter	_____	_____
<input type="checkbox"/> Training/PD	_____	_____
<input type="checkbox"/> ZOOM Account	_____	_____
<input type="checkbox"/> PHONE <input type="checkbox"/> Voice Mail <input type="checkbox"/> Phone Directory <input type="checkbox"/> AutoAttendant	_____	_____