

CALIFORNIA INSTITUTE OF TECHNOLOGY

Innfinity System Responsibilities Access Request

ADD                       CHANGE                       DELETE

Employee     Temporary     Student     Consultant  \_\_\_\_\_ Other \_\_\_\_\_  
(company name)

TO BE EFFECTIVE:    Beginning date: \_\_\_/\_\_\_/\_\_\_  
Ending date: \_\_\_/\_\_\_/\_\_\_    OR    check if regular staff

User Information:

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Mail Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_ CALTECH ID# \_\_\_\_\_

Phone Ext. \_\_\_\_\_ FAX \_\_\_\_\_

Department \_\_\_\_\_

Department Supervisor \_\_\_\_\_ Phone Ext. \_\_\_\_\_

GROUP NAME	YES	NO
<u>Audit</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Controller</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Front Desk</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Housekeeping</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Management</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Reservations</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Supervisor</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Support</u>	<input type="checkbox"/>	<input type="checkbox"/>

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REQUESTED BY: \_\_\_\_\_ Phone ext. \_\_\_\_\_  
(please print name)

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APPROVED BY:

signed: \_\_\_\_\_ dated: \_\_\_\_\_  
Crystal Thomas

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