CALIFORNIA INSTITUTE OF TECHNOLOGY

Innfinity System Responsibilities Access Request

ADD □	CHANGE □	DELETE
Employee□ Temporary□ Student□	Consultant□(company name)	
TO BE EFFECTIVE: Beginning date: _ Ending date: _		regular staff
User Information:		C
Name: Last	First	Middle
Mail Code: E-Mail:	CAL	TECH ID#
Phone Ext.	FAX	
Department		
Department Supervisor		Phone Ext
GROUP NAME		
Y	ES NO	
Audit		
Controller E	<u> </u>	
Front Desk E Housekeeping E		
Management E		
Reservations		
Supervisor E		
Support E	<u> </u>	
REQUESTED BY:(please print name)		Phone ext
(piease print name)		
APPROVED BY:		
signed:		dated:
Crystal Thomas		

AISO-21 Revised: 01/16/04