Affiliated Staff are individuals who do not have a NetID and are not affiliated with the college.

- Security Guards
- Cafeteria Employee
- Outside Interns
- Outside Tutors
- Events

Affiliated Staff or Faculty may have access to college systems

- Fill out this form (Refer to the form below)
- Show Photo ID.
- Bring form to N323. We will process. All fields must be fill out.
- It takes 24 hours to create the new account. Walk-in requests for immediate account cannot be accommodated due to server processing
- Accounts expire on June 30, or December 30 following the creation of the account. Please note the guest accounts are renewed only upon request.

If you have any questions, please call the helpdesk at (203) 285-2040.
Information Technology Department
PERSONNEL DATA INFORMATION

Before we can process this account you must complete this form and submitted to the IT Department Room N323 seven days prior to the event.

EMPLOYEE INFORMATION:

SOCIAL SECURITY # __________________________

DATE OF BIRTH: __________________________

NAME:

Last Name_________ First Name_________ MI_________

ADDRESS:

Street, Apt. # ___________ City, State ___________ Zip Code ___________

PHONE:

Home ___________________________ Other/Other Type ___________________________

EMERGENCY CONTACT:

Name/Relationship ___________________________ Phone # ___________________________

In order to meet Federal and State Affirmative Action/Equal Opportunity reporting requirements, it is necessary that the following information be provided:

GENDER:  _____ Female  _____ Male  VETERAN:  _____ Yes  _____ No

DISABILITY:  _____ Yes  _____ No  Disability Type: ___________________________

ETHNICITY:  _____ American Indian  _____ African American  _____ Caucasian

_____ Asian  _____ Hispanic  _____ Other

US CITIZEN:  _____ Yes  _____ No

STATE EMPLOYMENT HISTORY:

Have you ever been employed by the State of CT in any type of position (ie: Dept. of Labor, a University/Community College, State Agency, etc.)?

_____ New Employee

_____ Previous Employee  _____ Yes / Where: ___________________________

_____ Internship

_____ Affiliated Staff  _____ No

EMPLOYEE SIGNATURE:_________________________ Date: __________________________