**Synergy@APS Access Authorization Form**

**Please fax completed form to the Office of Enterprise Solutions at (703) 228-6186.**

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| --- | --- | --- |
| **Employee Name/Position:** |  |  |
| **Supervisor Name/Position:** |  |  |
| **Email Address:** |  |  |
| **Network Login ID:** |  |  |
| **Phone:** |  |  |
| **Existing User:** | **Yes** | **No** |
|  |
| **Profile** | **√** | **Buildings(s)** |
| Activities |  |  |
| Assistant Principal Elementary |  |  |
| Assistant Principal Secondary |  |  |
| Attendance Clerk |  |  |
| Attendance Improvement Plan |  |  |
| Central Office Staff |  |  |
| Director of Counseling without Discipline |  |  |
| Director of Counseling |  |  |
| Economically Disadvantaged |  |  |
| Elementary Counselor |  |  |
| Elementary Office Staff |  |  |
| Elementary Teacher |  |  |
| Executive Leadership Team |  |  |
| Extended Day |  |  |
| Guidance Intern |  |  |
| Lockers |  |  |
| Nurse/Clinic Aide |  |  |
| Principal Elementary |  |  |
| Principal Secondary |  |  |
| Registrar |  |  |
| Second Chance |  |  |
| Secondary Counselor |  |  |
| Secondary Teacher |  |  |
| SPED Teacher |  |  |
| *Profile Not Defined (Explain)* |  |  |
|  |
| **Employee Signature** |  | **Date** |  |
| **Supervisor/Principal Signature** |  |
| **Assistant Superintendent Signature (if required)** |  |
| ***Note: Please call the Information Services Help Center at 703-228-2847 if you have any questions.*** |
|  |
|  |
| **For ES Use Only:** |
| **Date Received** |  | **User Notified** |  |
| **Processed By** |  | **Training Notified** |  |