Joan C. Edwards School of Medicine at Marshall University Employee Inter-Departmental Transfer Form

ALL FORMS MUST BE ACCOMPANIED BY A COPY OF A PHOTO ID

Name: Last	First	Middle	Today's Date ___/__ __/__ __
Please List all Previous Last Names:			
Marshall Univ. ID Number (901nnnnnn) (if you have one)		**Date of Birth**: (MM/DD/YYYY) / /	
MUSOM Domain User Name			

MUSOM EMPLOYEE INTER-DEPARTMENTAL TRANSFER PAGE

Assigned MUNet Username:	SOM/UP&S IT use only
Please write your <u>NAME</u> again here in case this page of the form gets separated from the previous one:	

Your Current Department:	**Name of Your Supervisor / Responsible Party in Your Current Department:**	**Email & Phone of Your Supervisor / Responsible Party in Your Current Department:** ( )
Transferring to SOM / UP&S Department:	**SOM / UP&S Building & Room Number** (if you will have an office on-site)	**SOM/UP&S Office Phone*** (if you will have an office on-site) ( ) *As you want it to appear to all university faculty and staff

ADS Security Group(s), Email List(s) , Shared Folders or Sharepoint Sites Requested by User, Supervisor or Department Chair: (Ex: MUSOM Dean's Staff ADS group, Academic Affairs Sharepoint site, etc.)

SUPPLEMENTAL PAGE

Additional Clinical System Accounts (Allscripts EHR, Flowcast, Citrix, etc):
Department changes occasionally require new accounts in one or more clinical systems such as Allscripts EHR, Flowcast, etc. A separate, supplemental form <u>and authorized signature</u> will be required for each.

Access Changes – Briefly explain any access changes to SOM / UP&S resources needed:

Authorized by: (e.g., SOM/UP&S Hiring Supervisor / Dept. Chair – MUST be SOM/UP&S Employee)		
_____ **X**_____ ___/ ___/ Print Name		
SOM/UP&S IT Use Only: Service Changes for MUSOM EMPLOYEE INTER-DEPARTMENTAL TRANSFERS		
SERVICE	**ADDITIONAL INFO**	**COMPLETED BY & DATE**
Other ADS Security Groups, etc., requested	**Specify:**	/ /