**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*\*\*\*

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| --- | --- | --- | --- |
| **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** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Assigned MUNet Username:** | SOM/UP&S IT use only | | |
| **Please write your NAME 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.) | | | |

**MUSOM EMPLOYEE INTER-DEPARTMENTAL TRANSFER PAGE**

**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 and authorized signature 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:** | **/ /** |