NMGCB CSED/EXCLUSION LOOKUP REQUEST FORM
Email the completed form to GCB-Support@gcb.nm.gov

Type of Network Change Request:

Network ID for new employee

Removal of network ID

Section 1 – Employee Information

Location: _____ *(Required)*

Employee Name: _____ *(Required)*

Employee Title: _____ *(Required)*

Employee Email Address: _____ *(Required)*

Employee Work Permit #:_____ *(Required)*

First day of employment: _____ *(Required)*
Login Expiration (for temporary employee or contractor):_____ *(Required)*

Signature of Employee: _____ (*Required*)

Section 2 – Removal of a Network Login

As of: _____ (termination date)

Section 3 – Supervisor Approval

Supervisors Name (Printed):_____(*Required*)
By signing this form I direct NMGCB to make the account changes as detailed on this form.

Supervisors Email (Printed):_____(*Required*)

Signature of Supervisor or Department Head: _____ *(Required)*

This account is the property of NMGCB and is governed by NMGCB Computer Acceptable Use Policy. Any deliberate misuse of this account may result in an official action. Such misuses include but not limited to providing password information to any individual, willingly participating in malicious activities, attempting to compromise network security and using the data provided for unauthorized or illegal purposes