

Navajo Nation Department of Information Technology E-mail Form for a navajo-nsn.gov account

I am formally requesting an e-mail account $% \left(\mathbf{r}\right) =\left(\mathbf{r}\right) $	through the Depai	rtment of In	formation Techr	nology.		
☐New Employee ☐ Reactivate ☐Transfe If you choose transfer, reactivate, re-hire o	· ·				sn.gov E-Mail:	
Notice: Due to the sensitive nature of informati NEW Mailbox accounts for all employees, new	•			•		creates
EMPLOYEE INFORMATION						
First Name:	Middle Initial:	Last Nan	ne:	AB#:	BU#:	
OFFICE INFORMATION ☐ Executive Branch ☐ Division and Department of Program	ı 🔲 Legislativ	e Branch	☐ Chapter	☐ Other		-
Job Title:			Business Phor	ne No:	Business Fax No:	
Business Mail Address:	City:			State:	: Zip Code:	-
Department/Program: site location & physi	and address					-
SUPERVISOR INFORMATION Supervisor Name: Superviso	r navajo-nsn.gov E	E-Mail:	Supervisor Ph	none No:		
Notice: The Navajo Nation reserves ownership or e-mail system. Navajo Nation employees or offic open e-mail that: Disrupts, obstructs, or burdens any unlawful purpose; Conduct, or attempts to cor infringes on the rights and privacy of any othe	ials utilizing the Nava network resources onduct any gambling	ajo Nation e-r for non-busin g, betting, wa	nail system, shall ess purposes (i.e.,	not knowingl , chain letters activity; Cond	y send, forward, receive, a s, junk mail, etc.); Utilizes e duct any solicitation activit	ccept or e-mail for
Caution: The new e-mail account will be disabled	d after 30 days if not	used. To rea	ctivate, submit a r	new e-mail re	equest form.	
ACKNOWLEDGMENT: By signing, you agree to the following: • You are required to enroll your d • You are required to complete Kn		_	_		.gov account.	
Upon completion, create a Help Desk	cicket and upload t	the form. D	T Help Desk: htt	tps://navajo	nationdit.samanage.cor	n/
<u>AUTHORIZATION</u>						
Employee Signature	Date	Dep	partment Head S	_	Date	