



528 Educational Highway  
 Warren, OH 44483  
 Phone: 330-847-6464  
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**Northeast Ohio Management Information Network**

**STATE SOFTWARE USER ACCOUNT AUTHORIZATION REQUEST**

New Account

Change Existing Account

Delete Account

-SCHOOL DISTRICT-	-DISTRICT IRN-	-BUILDING-
-FIRST NAME-	-LAST NAME-	-DISTRICT EMAIL-
-TITLE-	-PHONE NUMBER-    -PHONE EXT-	-USERNAME-

**STATE SOFTWARE REDESIGN**

<input type="checkbox"/> USPS GROUP MANAGER	<input type="checkbox"/> USAS GROUP MANAGER
<input type="checkbox"/> USPS READ & UPDATE (STANDARD)	<input type="checkbox"/> USAS READ & UPDATE (STANDARD)
<input type="checkbox"/> USPS READ ONLY	<input type="checkbox"/> USAS READ ONLY
<input type="checkbox"/> STAFF EMIS READ & UPDATE	<input type="checkbox"/> USAS REQUISITION ONLY
<input type="checkbox"/> STAFF EMIS READ ONLY	<input type="checkbox"/> INVENTORY – READ & UPDATE
<input type="checkbox"/> PERSONNEL READ & UPDATE	<input type="checkbox"/> INVENTORY – READ ONLY
<input type="checkbox"/> PERSONNEL READ ONLY	<input type="checkbox"/> USAS FILE ARCHIVE ONLY
<b>BASE LOCATIONS</b>	
<b>IF FOLLOWING OHIO BEST PRACTICES, BASE LOCATIONS ARE THE OPU</b>	
<input type="checkbox"/> *ALL LOCATIONS	<input type="checkbox"/>
<input type="checkbox"/> LOCATION (PLEASE SPECIFY):	<input type="checkbox"/>

**NEOMIN-OFFICE USE ONLY**

<input type="checkbox"/> CREATE USER ACCOUNT
<input type="checkbox"/> GRANT ROLES
<input type="checkbox"/> USERID:
COMPLETED BY:
DATE:

\_\_\_\_\_  
 EMPLOYEE – PRINT NAME

\_\_\_\_\_  
 EMPLOYEE SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 TREASURER – PRINT NAME

\_\_\_\_\_  
 TREASURER SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SUPERINTENDENT – PRINT NAME

\_\_\_\_\_  
 SUPERINTENDENT SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 NEOMIN EX DIRECTOR PRINT NAME

\_\_\_\_\_  
 NEOMIN EX DIRECTOR SIGNATURE

\_\_\_\_\_  
 DATE