

Date of request: Person Requesting Services:
Department: Location: Room Number:
Local: Email:
FAST Account Number: - - 9267

Assignment Details

Date From: to:
(TVCKFDU UP \$61& DPMMFDUJWF BHSFFNFOU

Time Start: Finish:
(must be minimum of 4 hours per day/student casuals minimum 2 hours)

Re Name & email: Service Provider:

Please indicate below:

Vacation coverage Illness Special Project Additional Workload

Computer operating system: Windows AppleOS Other

Please indicate required system applications:

Microsoft Office:

Word Excel PowerPoint Access Outlook Publisher

UVic programs:

FAST Banner \$ B T D B E F

% F Q B S U N F O U Full provision@uvic.ca to arrange B D D F T T B T O B I D N F O U J T D P N Q M F U F E F Q B S U N F O U
U P J O J U J B U F remove access to all appropriate applications (i.e. Banner, FAST, etc)

Other:

Please describe general duties & tasks for this assignment:
