

Application for

# Department CalNet Deputy

Information Services and Technology  
Identity Management Team  
Email: [calnet@berkeley.edu](mailto:calnet@berkeley.edu)  
Facsimile: (510) 643-8245

(Revised July 19, 2016)

*This is a fillable and savable Adobe Acrobat PDF.*

*Use this form to identify the individual in your department who will act as a trusted authority (deputy) to register departmental faculty and staff in the campus authentication server, and assist with passphrase resets. Your employee must complete deputy training and FERPA training before they will be given deputy privileges. See <https://calnetweb.berkeley.edu/calnet-deputies/deputy-training> for detailed training information. Deputies must also agree to follow proper identity verification procedures before assisting a user. To find UID, email address, department code, and department name, go to <http://directory.berkeley.edu>, and search for the employee you wish to have deputized.*

Department Name: \_\_\_\_\_

Name of New Deputy: \_\_\_\_\_ UC Berkeley UID: \_\_\_\_\_

Deputy Email Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Check this box if this employee is already a deputy and you would like to add additional Org Nodes to the list of departments they are allowed to perform deputy actions for.

**List the 5-digit Org Nodes** for which this deputy has authority.

(Org Nodes are also known as departmental codes, Processing Units and OUs. Please add one node per line. The first node added should be the home department, which can be found on an employee's campus directory listing.)

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## Departmental Authorization

Departmental authorization can only be granted by the Department Chair, Management Services Officer, Director, or other equivalent authority. Submit this form via email to [calnet@berkeley.edu](mailto:calnet@berkeley.edu) from the authorizer's @berkeley.edu email account, or via fax to (510) 643-8245. Forms submitted via the authorizer's @berkeley.edu email account do not need to be signed. Forms submitted by fax must be signed and dated.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I authorize the employee named above to act as a departmental CalNet deputy. I will email [calnet@berkeley.edu](mailto:calnet@berkeley.edu) immediately if this person is no longer authorized to act as a CalNet Deputy for the department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For IDM Use:

Deputy Training Complete \_\_\_\_\_ FERPA Training Complete \_\_\_\_\_

Access granted: Deputy CAT Notes \_\_\_\_\_