

**FORM FOR RESEARCH STAFF ON FIXED-TERM CONTRACTS
TO REQUEST EXTENDED ACCESS TO RESOURCES FOR UP TO 6 MONTHS POST- CONTRACT**

If you require extended access to your email, shared drive, Google docs and Library resources you may be eligible for an Associate UCard (green) for a period of up to 6 months following the end of your contract. If this is the case please complete this form. For guidance on the type of activities the University regards as a valid reason to grant 6 months extended access please visit: <https://www.sheffield.ac.uk/ris/ecr/access>
Extended access requires the approval of your Principal Investigator/Line Manager.

PART A. FOR THE RESEARCHER TO COMPLETE:

NAME: _____ USERNAME: _____
PRINCIPAL INVESTIGATOR/LINE MANAGER'S NAME: _____
ACADEMIC DEPARTMENT: _____ TUoS LEAVING DATE: _____
NEW JOB TITLE (where applicable): _____
NEW EMPLOYER (where applicable): _____
START DATE WITH NEW EMPLOYER (*if known*): _____

*** SIGNATURE:** _____ **DATE:** _____

(*) By completing and signing this form you are agreeing to the following University regulations for authorised users to access and use the University of Sheffield services:

1. Terms for External account holder www.sheffield.ac.uk/cics/codeofpractice/termexternal
2. Guidance for use of library resources www.shef.ac.uk/library/licences/licence

Please also note that, by signing this form, you are requesting continued access to specified university resources for a defined period of up to 6 months after your employment contract with the University of Sheffield has ceased. This access does not signify a continuation in the employment relationship.

PART B. FOR THE PRINCIPAL INVESTIGATOR/LINE MANAGER TO COMPLETE (tick all relevant boxes):

- I agree to full access (to email, Library resources, shared drive and Google docs).
- I agree to access to email.
- I agree to access to the Library resources.
- I agree to access to the shared drive and Google docs.

End Date if less than 6 months: _____

I do not agree to grant access for the following reason:

***SIGNATURE:** _____ **DATE:** _____

(*) I am clear that the explanation provided above for the required ongoing access is an appropriate use of resources and the type of activities stated are not those which would otherwise be carried out by an employee of the University of Sheffield.

PART C. FOR DEPARTMENT'S PROFESSIONAL ADMINISTRATION SUPPORT TEAM REPRESENTATIVE TO COMPLETE:

I agree that the above named will be granted continued access which includes the shared drive and Google docs. Any access to confidential and sensitive data will be removed or restricted as appropriate.

NAME: _____ **SIGNED:** _____ **DATE:** _____

Academic Department sends the completed form (i.e. signed and dated vs.) to helpdesk@sheffield.ac.uk