

**Baldwinsville Central School District**  
**Employee Email ONLY Request/Change Form**

First Name	Last Name
Building/Department	
Job Title	Supervisor
Effective Date	

Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

(Building or Department Administrator)

**Routing Process:** email to [Helpdesk@bville.org](mailto:Helpdesk@bville.org)